UNIFORM INVOICE TRACKING SPREADSHEET FOR: DATE: 12/14/1998

Vendor's Name	Invoice or Pay Estimate Number	Invoice Date or Time Period Covered	Total Amount of Invoice	Warrant Number	Date Paid	Funding Source, Amount Expended, Drawdown Number Funding Source: #	Funding Source: #	Funding Source: #	Funding Source: #	Funding Source: #	Total Amount Paid This Invoice
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
		TOTALS	$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Copy and submit to the applicable funding agency with each drawdown request.