

**XCEL Energy Renewable Development Fund
Minnesota Energy Center
Minnesota West Community and Technical College**

**Quarterly Financial Status Report
Renewable Development Fund - Higher Education Research Project**

(Sub) Grantee Name and Address:

(Insert institution name)
(Insert Institution Address)
Insert City, State and Zip)

Request Number: _____
Period Covered: _____ (Insert date of request)

Grant Name/Number:

Prepared By: _____ (Insert name and title of business office staff)
Telephone Number: _____ Staff phone number

Cost Category	Budget (3-Year Total)	Prior Periods Reimbursements	Current Period Request	Cumulative Total	Balance
Personnel Salaries and Wages				0.00	0.00
Fringe Benefits				0.00	0.00
Consultants/Subcontracts				0.00	0.00
Supplies				0.00	0.00
Equipment				0.00	0.00
Travel				0.00	0.00
Publicity/Printing/Duplication				0.00	0.00
Other Direct Costs				0.00	0.00
Indirect Costs	0.00			0.00	0.00
Total	0.00	0.00	0.00	0.00	0.00
Percentage of budget expended to date:	#DIV/0!	Total Reimbursements Received to Date			
Percentage of budget committed to date:	#REF!	Balance Due		0.00	

Certification: I, the undersigned, do hereby certify the following:

- (1) Costs have been paid as itemized in this request for funds;
- (2) Procurement of goods and services have been made in compliance with all applicable Federal, State, and Local regulations;
- (3) Accurate accounting records and supporting documentation are being maintained on site;
- (4) I am authorized to authenticate and certify this claim.

(Typed Name)

(Title)

(Authorized Signature)

(Date)

INSTRUCTIONS: Please e-mail completed form to:

bpeterson@sctcc.edu; rose.patzer@mnwest.edu; lori.voss@mnwest.edu; diana.fliss@mnwest.edu