



Research Resident Grant Financial Report Form

Grant Cycle:

June 1, 20____ - May 31, 20____ or January 1, 20____ - December 31, 20____

Principal Investigator: _____

Project Title: _____

Institution: _____

Expenditures: Please list expenditures as shown below, separating them by category (salaries, equipment, consumables, animals, other):

Expenditures:	Budget:	Actual:
Salary	\$ _____	\$ _____
Fringe Benefits	\$ _____	\$ _____
Equipment	\$ _____	\$ _____
Supplies	\$ _____	\$ _____
Animals	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total Expenditures	\$ _____	\$ _____

Unexpended Balance of Grant \$ _____

Any unexpended balance of \$100 or more must be refunded to the OTA together with the properly submitted report of expenditures and accompanying documentation.

Report prepared by: _____ Phone: _____

Title: _____ Fax: _____

Date: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____