

**BURROUGHS WELLCOME FUND
INVESTIGATORS IN THE PATHOGENESIS OF INFECTIOUS DISEASE
FINANCIAL REPORT**

Award: _____

Request ID: _____ Awardee: _____

Institution: _____

Fiscal Period: _____

		<u>Fiscal Year</u>	<u>Cumulative To Date</u>
Beginning Balance		_____	_____
Amount Received		_____	_____
TOTAL FUNDS AVAILABLE		_____	_____
RESEARCH EXPENSES			
Technical Personnel		_____	_____
Trainees (if applicable):	% Effort		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Trainees		_____	_____
Consumable Supplies		_____	_____
Equipment		_____	_____
Meetings & Travel		_____	_____
TOTAL RESEARCH (including Trainees)		_____	_____
SALARY OF AWARDEE		_____	_____
TOTAL DIRECT COSTS		_____	_____
BALANCE		_____	_____

Submitted by: _____
Awardee

Approved by: _____
Institutional Officer Date