

BURROUGHS WELLCOME FUND
Clinical Scientist Awards in Translational Research
Progress Report: Annual Financial Report

Current Reporting Period: _____ Due by: _____

Awardee Name: _____ ID#: _____

Institution: _____

Award Year: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ No-cost Extension ☐

	<u>Current Reporting Period</u>	<u>Cumulative to End of Reporting Period</u>
<u>FUNDS AVAILABLE</u>		
Payments received from BWF	_____	_____
Balance carried over from previous year (if applicable)	_____	
TOTAL FUNDS AVAILABLE	_____	_____
<u>DIRECT COSTS¹</u>		
RESEARCH EXPENSES		
Technical Personnel	_____	_____
Trainee Salaries & Benefits (if applicable):	_____	_____
Consumable Supplies	_____	_____
Equipment ²	_____	_____
Meetings & Travel ³	_____	_____
TOTAL RESEARCH (including Trainees)	_____	_____
SALARY OF AWARDEE	_____	_____
TOTAL DIRECT COSTS	_____	_____
BALANCE	_____	_____

Please note that the current and cumulative balances should match.

Institutional Officer (typed name): _____ Date: _____

Telephone: _____ Email: _____

Notes: _____

¹ Indirect costs are not allowed.

² Prior approval by the Fund is required when the purchase of a single piece of equipment exceeds \$20,000.

³ Prior approval by the Fund is required when meetings and travel costs exceed \$6,000.