

BURROUGHS WELLCOME FUND
Preterm Birth Initiative Full Research Grant
Annual Financial Report

Current Reporting Period: April 1 – March 31 Due by: June 1

Awardee Name: _____ BWF ID#: _____

Institution: _____

	<u>Current Reporting Period</u>	<u>Cumulative To Date</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		
Awardee Salary	_____	_____
Other Personnel Salaries & Benefits:	_____	_____
Consumable Supplies & Equipment ²	_____	_____
Other Research Expenses	_____	_____
Meetings & Travel ³	_____	_____
Institutional Allowance	_____	_____
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 \$8,000.