

**BURROUGHS WELLCOME FUND
IRSA Annual Financial Report**



Awardee Name: _____ BWF ID#: _____

Institution: _____

Current Reporting Period: _____

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

FUNDS AVAILABLE	Current Reporting Period (CRP)	Cumulative To Date (CTD)
Payments received from:		
BWF ¹ : \$ _____		
Prior Institution ² : \$ _____ (if applicable)	\$ _____	\$ _____
Balance carried over from previous year (if applicable) ³	_____	
TOTAL FUNDS AVAILABLE	\$ _____	\$ _____
DIRECT COSTS ⁴		
Primary and Co-Investigator/s Salaries ⁷	\$ _____	_____
Other Personnel (Research Staff, etc.)	_____	_____
Research Expenses	_____	_____
Equipment & Supplies ⁵	_____	_____
Meetings & Travel ⁶	_____	_____
Other Expenses ⁸	_____	_____
TOTAL DIRECT COSTS	\$ _____	\$ _____
BALANCE	\$ _____	\$ _____

Please note that the current and cumulative balances should match.

Institutional Officer (typed name): _____ Date: _____

Telephone: _____ Email: _____

Notes:

¹ Indicate amount received from BWF during this reporting period.

² Indicate amount (if any) transferred from a prior (or postdoc) institution during this reporting period.

³ Balance carried over from previous years' financial report, if any.

⁴ Indirect costs are not allowed.

⁵ Prior approval by BWF is required when the purchase of a single piece of equipment exceeds \$20,000.

⁶ Prior approval by BWF is required when meeting and travel costs exceed \$8,000.

⁷ Annual amount may not exceed \$30,000

⁸ Please specify/describe on separate sheet if exceeds \$5,000