

**BURROUGHS WELLCOME FUND**  
**Next Gen Pregnancy 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>
<b><u>FUNDS AVAILABLE</u></b>		
Payments received from BWF	_____	_____
Balance carried over from previous year (if applicable)	_____	_____
<b>TOTAL FUNDS AVAILABLE</b>	_____	_____
<b><u>DIRECT COSTS<sup>1</sup></u></b>		
<b>RESEARCH EXPENSES</b>		
Awardee Salary	_____	_____
Other Personnel Salaries & Benefits:	_____	_____
Consumable Supplies & Equipment <sup>2</sup>	_____	_____
Other Research Expenses	_____	_____
Meetings & Travel <sup>3</sup>	_____	_____
Institutional Allowance	_____	_____
<b>TOTAL DIRECT COSTS</b>	_____	_____
<b>BALANCE</b>	_____	_____

*Please note that the current and cumulative balances should match.*

Institutional Officer (typed name): \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Notes: \_\_\_\_\_

<sup>1</sup> Indirect costs are not allowed.

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

<sup>3</sup> Prior approval by the Fund is required when meetings and travel costs exceed \$8,000.