

**Instructions:**

This report must be completed for each grant awarded by the Dermatology Foundation, and is to be prepared by the accountant, research funds manager or financial officer of the sponsoring institution. The report **with original signatures** must be submitted **30 days** following the end of the award period. The final award payment will be scheduled for disbursement once the Financial and Research Reports have been received at the Foundation office. **Please note, award funds will not be distributed beyond one year of the award termination date.** Questions regarding this form may be directed to the Manager of the Research Awards Program at (847) 328-2256 or [dfrap@dermatologyfoundation.org](mailto:dfrap@dermatologyfoundation.org).

**Research Award Recipient:** \_\_\_\_\_

**Research Award:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Research Award Period:** \_\_\_\_\_

Start      /      /                      End      /      /

**Institution:** \_\_\_\_\_

**Award Amount:** \$ \_\_\_\_\_

**Funds Available for Expenditure:**

Award Payment(s) Received

\$ \_\_\_\_\_

Unpaid Award Balance

\$ \_\_\_\_\_

(a)

**Total**

\$ \_\_\_\_\_

(b)

**Expenditures:**

Supplies

\$ \_\_\_\_\_

Equipment

\$ \_\_\_\_\_

Travel

\$ \_\_\_\_\_

Computer &amp; Data Processing

\$ \_\_\_\_\_

Reproduction &amp; Photocopying

\$ \_\_\_\_\_

Other \_\_\_\_\_

\$ \_\_\_\_\_

**Total**

\$ \_\_\_\_\_

(c)

**Excess/(Shortage), (b) – (c):**

\$ \_\_\_\_\_

(d)

**Unused Funds Due to DF:** If item (d) is greater than zero, enter the amount here. This amount represents unused funds that must be returned to the Foundation. If unused funds (e) exceed the unpaid award balance (a), attach a check for the difference to this report. *(Make check payable to the Dermatology Foundation.)* If unused funds are less than the unpaid award balance, the DF will reduce the final award payment by (e).

\$ \_\_\_\_\_

(e)

**Approved By:**
**Certified By:**

\_\_\_\_\_  
Dermatology Dept. Chair/Chief

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fiscal Officer Signature

\_\_\_\_\_  
Date

**Prepared By:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

07/09