

This report must be completed for each Diversity Research Supplement Award granted by the Dermatology Foundation, and is to be prepared by the accountant, research funds manager or financial officer of the recipient's institution. The report must be submitted **60 days** following the end of the award period to DFRAP@dermatologyfoundation.org. To confirm that you have met the reporting requirement for your award, **you will receive a return email confirmation from the DF**. If you do not receive this confirmation email, this please contact the office at 847-328-2256 or dfrap@dermatologyfoundation.org. The final award payment will be scheduled for disbursement once the Financial and Research Reports have been received by the Foundation. **Please note, award funds will not be distributed beyond one year of the award termination date.**

Research Award Recipient: _____
Medical Student: _____
Project Title: _____
Research Award Period: Start End

Institution: _____
Award Amount: \$ 5,000.00

Funds Available for Expenditure:

Award Payment(s) Received	\$	
Unpaid Award Balance	\$	(a)
Total	\$	(b)

Expenditures:

Stipend	\$	
Supplies	\$	
Equipment	\$	
Travel	\$	
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. 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