

This report must be completed annually and is to be prepared by the accountant, research funds manager or financial officer of the sponsoring institution. The Financial Report must be submitted **60 days** following the end of the award period to [dfrap@dermatologyfoundation.org](mailto: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](mailto:dfrap@dermatologyfoundation.org). The final annual award payment will be scheduled for disbursement once the Financial and Research/Renewal Reports have been received at the Foundation office. **Please note, award funds will not be distributed beyond one year of the award termination date.**

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

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

**Research Award Period:** \_\_\_\_\_ Start \_\_\_\_\_ End \_\_\_\_\_

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

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

**Directions:** On page two, please complete section B, **Expenditure Detail**, and provide an itemized expenditure report based on the approved budget for the award term (one year). Then, complete section A below, **Expenditure Summary**, using subtotals from section B.

<b>A) Expenditure Summary</b>	
<b>Funds Available for Expenditure:</b>	
Award Payment(s) Received	\$ _____
Unpaid Award Balance	\$ _____ (a)
<b>Total</b>	\$ _____ (b)
<b>Expenditures: (subtotals from section B)</b>	
Salaries	\$ _____
Benefits	\$ _____
Project Expenses	\$ _____
<b>Total</b>	\$ _____ (c)
<b>Excess/(Shortage), (b) – (c):</b>	\$ _____ (d)
<b>Unused Funds Due to DF:</b> 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. <i>(Make check payable to the Dermatology Foundation.)</i> If unused funds are less than the unpaid award balance, the DF will reduce the final award payment by (e).	\$ _____ (e)

<b>B) Expenditure Detail</b>		
<b>Category</b>	<b>Award Term Budget</b>	<b>Award Term Expenditure</b>
<b>Salaries</b>		
Recipient		
Other:		
Other:		
<b>Salaries Subtotal</b>		
<b>Benefits</b> <i>(Important—Attach certification that benefits paid are consistent with institution's benefit policy.)</i>		
Recipient		
Other:		
Other:		
<b>Benefits Subtotal</b>		
<b>Project Expenses</b>		
Supplies		
Equipment		
Computer & Data Processing		
Reproduction & Photocopying		
Other:		
Other:		
Other:		
<b>Project Expenses Subtotal</b>		
<b>Total</b>		

**Approved By:**

**Certified By:**

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

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

**Prepared By:**

\_\_\_\_\_  
Print Name                                      Date  
1560 Sherman Avenue      Evanston, IL 60201-4808

\_\_\_\_\_  
Telephone  
Phone (847) 328-2256

\_\_\_\_\_  
Email  
Fax (847) 328-0509      dfgen@dermatologyfoundation.org