



**SCLERODERMA FOUNDATION RESEARCH GRANT
ANNUAL ACCOUNTING REPORT**

Name of Awardee: _____

Institution: _____

Year of Award: Year 1 Year 2 Year 3 (please check one)

	Amount in Approved Budget	Amount Actually Received Through _____	Amount Remaining From Previous Period	Actual Expenditures From through _____	Remaining Balance
A. Salaries & Fringe Benefits					
B. Consultant Costs					
C. Equipment					
D. Supplies					
E. Travel					
F. Inpatient Care Costs					
G. Outpatient Care Costs					
H. Other Expenses					
I. Subtotal Indirect Costs					
J. Indirect Costs (Facilities and Administration)					
K. TOTAL COSTS					
L. Carryover of Funds** (must provide justification with request)					\$.**

**** If this amount equals 20% or less of the annual grant award, it may be carried over to the next grant year, assuming the grant has been continued or renewed. For all carry-over requests, a "Request for Carryover" form must be completed.**

Signature of Financial Officer Type Name and Official Title Date:

Signature of Investigator Type Name and Official Title Date:

"We certify that all expenditures reported are for appropriate purposes and in accordance with the agreements set forth in the award."

Return to: Scleroderma Foundation
300 Rosewood Drive, Suite 105, Danvers, MA 01923
(978) 463-5843; (978) 777-1313 fax
research@scleroderma.org

NOTE: Any missing checks should be reported immediately. They cannot be reissued after six months past the end of the award year.
Report is due within 30 days after the end of award period. Failure to meet this requirement will result in withholding of funds and may result in termination of the award.