

**BURROUGHS WELLCOME FUND**  
**Annual Financial Report**



Awardee Name: \_\_\_\_\_ BWF ID#: \_\_\_\_\_

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

Current Reporting Period: \_\_\_\_\_

Award Year: 1  2  3  4  5  No-cost Extension

<b>FUNDS AVAILABLE</b>	Current Reporting Period (CRP)	Cumulative To Date (CTD)
Payments received from:		
BWF <sup>1</sup> : \$ _____		
Prior Institution <sup>2</sup> : \$ _____ (if applicable)	\$ _____	\$ _____
Balance carried over from previous year (if applicable) <sup>3</sup>	_____	
<b>TOTAL FUNDS AVAILABLE</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>DIRECT COSTS <sup>4</sup></b>		
Awardee Salary	\$ _____	_____
Trainee Salaries & Benefits (Students, Postdocs, and Fellows)	_____	_____
Other Personnel (Technician, Manager, etc.)	_____	_____
Research Expenses	_____	_____
Equipment <sup>5</sup>	_____	_____
Meetings & Travel <sup>6</sup>	_____	_____
Administrative Fee <sup>7</sup>	_____	_____
<b>TOTAL DIRECT COSTS</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>BALANCE</b>	<b>\$ _____</b>	<b>\$ _____</b>

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

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

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

Notes:

<sup>1</sup> Indicate amount received from BWF during this reporting period.  
<sup>2</sup> Indicate amount (if any) transferred from a prior institution during this reporting period.  
<sup>3</sup> Balance carried over from previous years' financial report, if any.  
<sup>4</sup> Indirect costs are not allowed.  
<sup>5</sup> Prior approval by BWF is required when the purchase of a single piece of equipment exceeds \$20,000.  
<sup>6</sup> Prior approval by BWF is required when meeting and travel costs exceed \$8,000.  
<sup>7</sup> Applicable to CAMS and CASI awardees only.