

# Canadian Breast Cancer Research Alliance

## Grants in aid of breast cancer research STATEMENT OF ACCOUNT

IMPORTANT NOTICE: A Statement of Account must be submitted within 60 days of the grant year end or quarterly instalments will be withheld until the statement is filed with and reviewed by the CBCRA. Any variances of 30% from the approved budget must be detailed and attached to this statement.

Last Name, Given Name and Initial(s) of Grantee:	CBCRA Grant Number:	Host Institution Account Number:
Institution:	Beginning of reporting period:	End of reporting period:
Grant Type from Notification of Award (NOA):	Grant year reported: Year _____ of _____	

### FUNDS AVAILABLE FOR CURRENT PERIOD

Balance of grant at close of previous period reported	\$
Grant funds received in current period	
Funds received in current period for permanent equipment specified on the NOA	
<b>Total funds available for current period</b>	<b>A</b> \$

### EXPENDITURES INCURRED FOR CURRENT PERIOD

- Salaries and Benefits (details must be available on request)	\$
- Expendables / Supplies	
- Major Equipment (Not to exceed allowance of 5% of base budget or \$10,000, whichever is larger)	
- Animals and upkeep	
- Books & journal subscriptions (If over \$1,000 include justification)	
- Conference Travel (Not to exceed amount on NOA, if awarded, and/or 5% of base budget)	
- Research Travel	
- Services [service contracts / consultants, etc] (attach or provide details below)	
- Miscellaneous (MUST provide details if balance exceeds \$5,000)	
<b>Expenditure subtotal</b>	
Permanent Equipment specified on NOA (Invoices must be submitted for reimbursement)	
<b>Total expenditures incurred for current period</b>	<b>B</b> \$

### UNSPENT (OVERSPENT) BALANCE

(A-B) \$

#### Grantee declaration

I hereby certify that the above statement is correct; that the expenditures conform to the general conditions and regulations governing CBCRA grants as outlined at ([www.cancer.ca/research](http://www.cancer.ca/research)) and were for the purpose for which the grant was made.

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature of Grantee \_\_\_\_\_ Date \_\_\_\_\_

#### Financial Officer declaration

I hereby certify that the expenditures summarized above were incurred wholly and paid on behalf of the grantee and that vouchers are available for audit purposes.

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature of Financial Officer \_\_\_\_\_ Date \_\_\_\_\_

#### Details of person who compiled this report

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Fax Number: \_\_\_\_\_

For details on eligible expenditures, please refer to the following section on the Canadian Cancer Society Research Institute website:

[Financial Administration \(under the "Policies and Admin" section\).](#)