## **Canadian Cancer Society**

## Grants in aid of cancer research STATEMENT OF ACCOUNT

IMPORTANT NOTICE:	A Statement of Account must	be submitted	within 60 days of	f the grant y	ear end or qu	arterly instalments

will be withheld until the statement is filed with and reviewed by the Canadian Cancer Society.

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:	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 O	URRENT PERIOD		
If a renewal grant in its first year	:		
Previous Grant ID:	Carryover from previous grant		\$
Closing balance of grant for the	previous period		\$
Grant funds received in the curr	ent period		
Funds received in current period	l for permanent equipment specified on the NOA		
Total funds available for curre	ent period	Α	8

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 (As per approved budget)	
- Services [service contracts / consultants, etc] (attach or provide details below)	
- Miscellaneous (MUST provide details if balance exceeds \$5,000)	
Expenditure subtotal	<b>\$</b> 0
Permanent Equipment specified on NOA (Invoices must be submitted for reimbursement)	
Total expenditures incurred for reporting period B	<b>\$</b> 0

UNSPENT (OVERSPENT)	

Grantee declaration								
I hereby certify that the above statement is correct; that the expenditures conform to the general conditions			Phon	e number:				
and regulations governing gran	nts as outlined at							
(www.cancer.ca/research) and	were for the		Fax n	umber:				
purpose for which the grant w	vas made.							
			E-ma	1:				
Signature of Grantee	Date							
Financial Officer declar	ration							
I hereby certify that the expenditures s	summarized above were		Phone number:					
incurred wholly and paid on behalf of	f the grantee and that							
vouchers are available for audit purposes.		Fax number:						
Signature of Financial Officer	Date		E-ma	il:				
Details of person who c	compiled this repo	rt						
Name:		Phone Number:	(	)				
E-mail:		Fax Number:	(	)				

The Canadian Cancer Society reserves the right to audit the Statement of Account.

For details on eligible expenditures, please refer to the following section on the Canadian Cancer Society website at: Financial Administration (under the "Policies and Administration" tab). **\$**0