# THE DUNHILL MEDICAL TRUST

RESEARCH GRANTS SUPPORTED BY DMT:

FINANCIAL STATEMENT

**Office use only**

**Ref. No.** …………..

|  |  |
| --- | --- |
| Name of Principal Grant Holder: |  |
| Host Institution: |  |
| Title of project: |  |
| Total amount of grant: | £……………………………. |
| Please state date of period covered by this statement:  | From………………. To ………………….. |
| Total amount of expenditure on DMT grant during this period: | £……………………………. |

|  |
| --- |
| **1. Staffing** Please provide details of the salary costs of each member of staffduring the above period |
| Name | Grade | Salary (including on costs) |
|  |  |  |
| **Total** |  | £……………………………. |

|  |  |
| --- | --- |
| **2. Equipment**  | **Amount** |
| Please list any equipment purchased with the grant monies during the above period or tick box N/A ⬜ |  |
| **Total** |  |

|  |  |
| --- | --- |
| **3. Consumables**  | **Amount** |
| Please provide brief details of consumables purchased with the grant monies during the above period or tick box N/A ⬜ |  |
| **Total** | £……………………………. |

|  |  |
| --- | --- |
| **4. Travel and conference**  | **Amount** |
| Please provide details of travel/conference costs incurred during the above period or tick box N/A ⬜ |  |
| **Total** | £……………………………. |

|  |  |
| --- | --- |
| **5. Study participants**  | **Amount** |
| Please provide details of payments made to participants’ during the above period or tick box N/A ⬜ |  |
| **Total** | £……………………………. |

|  |  |
| --- | --- |
| **6. Other expenditure**  | **Amount** |
| Please provide details of additional expenditure incurred during the above period (e.g. refreshments) or tick box N/A ⬜ |  |
| **Total** | £……………………………. |

|  |  |
| --- | --- |
| **GRAND TOTAL** | **£……………………………..** |

|  |
| --- |
| **Bank account information for BACS payments *DMT now makes all payments electronically.******Please only complete this section if you have not already provided this information or it has changed.*** |
| Bank account number: ……………………………………………………………Bank account name: …………………………………………………………………Sort code: ………………….. Reference: …………………. |

SIGNED (FINANCE OFFICER): ……………………………………………………

NAME (Please print): ………………………………………………………..

POSITION: ………………………………………………….

DATE: ………………………………………………………

PLEASE RETURN:

TO:

The Dunhill Medical Trust

5th Floor, 6 New Bridge Street

London EC4V 6AB

Attn: Jenna Horsfield, Assistant Grants Officer

Tel: 020 7403 3299 Fax: 020 7403 3277

E-mail: jenna.horsfield@dunhillmedical.org.uk

|  |  |  |
| --- | --- | --- |
| **For DMT Office use:** | Authorised by: | Date: |
|  |  |