# Text Description automatically generated

RESEARCH GRANTS FINANCIAL CLAIM FORM

**Please send the completed claim form with its corresponding invoice to** [**grants@dunhillmedical.org.uk**](mailto:grants@dunhillmedical.org.uk)

|  |  |
| --- | --- |
| 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: ………………………………………………………