

**Department of Surgery**

**Seeding Grants Financial Reporting Form**

* The Seeding Grants Financial Reporting Form is intended to compare actual expenditure during the year with the items and amounts approved under the terms of the original Seeding Grant award.
* Where there has been any unauthorised variation to the expenditure, this should be indicated and the circumstances explained in a separate covering note.
* All funds received under the Seeding Grant award which are unexpended or not firmly committed at 31 December 2018 must be returned to the Department of Surgery unless otherwise approved for use in the subsequent year by the Department of Surgery Research Committee. Where funds are to be returned to the Department, recipients will be invoiced for these funds.
* If the person carrying out the research project wishes to use unexpended funds for the continuation of the project in the succeeding year (carryover of funds), the amount to be carried over must be reported in the Financial Reporting Form and permission to carryover the funds must be sought from the Research Committee.
* The Seeding Fund Financial Reporting Form is in two parts:

**Part A: Administrative Summary**

This section requests your details as a recipient of a Department of Surgery Seeding Grant in 2017.

**Part B: Seed Funding Project Expenditure and Carryover Request**

This section seeks the details of the project expenditure from your Seeding Fund grant, and any request to carryover funds not yet expended or firmly allocated against expenditure.

**Instructions**

1. All parts of the application form must be completed.
2. Submit the completed Seeding Fund Financial Reporting Form to The Manager, Department of Surgery (denise.dwyer@unimelb.edu.au).

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| **Part A: ADMINISTRATIVE SUMMARY** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Award Details:** | | | | |
| **Title:** |  | **Full name:** |  | |
| **Position at UOM** |  | | |
| **Precinct** |  | **Current Supervisor/ Lab Head** |  | |
| **Tel:** |  | **Email:** |  | |
| **Title of Research Project** |  | | | |
| **Commencement Date of Research Project:** | <date> | **End date of Research Project:** | <date> | |

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| **Part B: SEED FUNDING PROJECT EXPENDITURE** |

**B1: Seed Funding Project Expenditure**

Please list all items that you have expended funds received from the Seeding Grant. Ensure you use correct and appropriate rates for all items. **All costs should be quoted excluding GST**.

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| --- | --- |
| **Description** | **$ Amount Expended** |
| *Personnel* |  |
|  |  |
|  |  |
|  |  |
|  |  |
| *Relief from teaching/other duties* |  |
|  |  |
|  |  |
|  |  |
|  |  |
| *Equipment* |  |
|  |  |
|  |  |
|  |  |
|  |  |
| *Maintenance* |  |
|  |  |
|  |  |
|  |  |
|  |  |
| *Travel* |  |
|  |  |
|  |  |
|  |  |
|  |  |
| *Other* |  |
|  |  |
|  |  |
| **TOTAL (Excl. GST)** | **$** |
| **UNEXPENDED BALANCE** | **$** |
| **Funds to be returned to the Department of Surgery** | **$** |
| **Funds requested to be carried over** | **$** |

**B2: Request for Carryover of Research Funds (not expended)**

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| 1. **Carryover Request** |
| Funds must not be expended until such time as permission to carry over the funds has been received in writing from the **Department of Surgery Research Committee**. Please indicate why the funds have not have been expended and indicate how and when they will be expended in future. (20 lines maximum) |
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