

## **Arthritis Society**

## **Statement of Account**

Grantee Last Name, Given Name:	Host Institution:				
Supervisor (as named on application, if applicable):	Host Institution Account	#:	Arthritis Society Grant #	t:	
Beginning of reporting period:	End of reporting period:		Grant year reported:		
			Year	of	
				ı	
FUNDS AVAILABLE FOR CURRENT PERIOD				\$	
Closing balance of grant for the previ		nt term only)			
Grant funds received in the current p					
Grant funds yet to be received for the current period					
Total funds available for current period A				\$0	
EXPENDITURES INCURRED FOR CURRENT PROGRAM				\$	
Salaries and Benefits (Details must be available on request)					
Expendables / Supplies					
Major Equipment	(Not to exceed allowance of	5% of base budget or \$1	.0,000, 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 / consulta	nts, etc.]	(Attac	h or provide details below)		
Miscellaneous	(Must provide	details below or attach	if balance exceeds \$5,000)		
Total expenditures incurred for reporting period B				\$0	
		1			
UNSPENT (OVERSPENT) BALANCE (A	A-B)			\$0	
Cuantage dealeration					
Grantee declaration					
I hereby certify that the above statement is contact that the expenditures conform to the general					
and regulations governing grants as outlined on the Arthritis Society					
			F-mail:		
Signature of Grantee	Date		2		
Financial Officer declaration					
I hereby certify that the expenditures summa	rized above were				
incurred wholly and paid on behalf of the gra					
vouchers are available for audit purposes.			Phone number: _		
			E-mail:		
Signature of Financial Officer	Date				
Details of person who compiled this r					
betans of person who complied this f	epoit				
Phone number: _					

The Arthritis Society reserves the right to audit the Statement of Account. For details on eligible expenditures, please refer to the Arthritis Society <a href="website">website</a>. The completed Statement of Account form should be sent to <a href="mesearch@arthritis.ca">research@arthritis.ca</a>

Date

Signature of Grantee

\_ E-mail: \_