

## GILEAD GRANT ACCOUNTING REPORT

**Please note:** This report along with accompanying expenditure documentation, is due yearly, every September, through the duration of the project, and upon project completion.

## **GRANT RECIPIENT INFORMATION**

Project Name:		
Main Contact Person:		
Fiscal Agent:		
Grant Category:		
Amount Awarded:		
Payment Date:		
GILEAD Grant Monies Used to Date:		
REVENUE:		
GILEAD Grant		\$
All Other Sources of Income for	this Project	\$ \$
	TOTAL REVENUE	
EXPENDITURES:		
(attach details - copies of contra	acts;	(2)\$
invoices, receipts and/or W-2's)		
BALANCE (if any):		\$
[Expenses minus Total Revenue	(line 2 minus line 1)]	
Certification: We certify that th	e grant as described above has	been expended for the abc
purpose.		
Date	Signature	
Title	Print Name	