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**Academy of Medical Sciences**

Newton Advanced Fellowships

Final Expenditure Report

As detailed within the grant conditions of your award, all grant holders are required to submit a Final Expenditure Report following **completion** of their award.

Please note, the Academy may share your report with funders of the scheme.

Please complete and return this form to [newton-advanced@acmedsci.ac.uk](mailto:clinicallecturers@acmedsci.ac.uk) within one month of the end date of your award.

**Applicant and grant details:**

|  |  |
| --- | --- |
| Applicant |  |
| UK co-applicant |  |
| UK Host Institution |  |
| Overseas Host Institution |  |
| Project title/question |  |
| Grant Award Amount |  |
| Grant/project start date |  |

**Grant expenditure:**

Detail below the items that your grant was awarded for and the total amount now spent. Provide a brief explanation for any significant variance between your original plans and actual expenditure.

|  |  |  |
| --- | --- | --- |
| ***Item*** | ***Total amount budgeted*** | ***Total amount spent*** |
| Salary top up |  |  |
| Research expenses |  |  |
| Travel and subsistence |  |  |
| Other (please specify) |  |  |
|  |  |  |
| Totals |  |  |

|  |
| --- |
| Explanation of any significant variance: |

**Notes on under-spend** (if applicable)**:**

The Newton Advanced Fellowship is funded by the Newton Fund, part of the UK's Official Development Assistance. As such, funds should only be used for the fellowship project awarded. If at the end of the award there is unspent funds remaining, please contact [newton-advanced@acmedsci.ac.uk](mailto:clinicallecturers@acmedsci.ac.uk).

**Signatures:**

Electronic signatures (or scanned originals) are mandatory.

|  |  |
| --- | --- |
| Applicant | Print name:  Position:  Date:  Signature: |
| UK Co-applicant | Print name:  Position:  Date:  Signature: |
| UK host institution Head of department | Print name:  Position:  Date:  Signature: |
| UK host institution Finance department representative | Print name:  Position:  Date:  Signature: |
| Overseas host institution Head of Department | Print name:  Position:  Date:  Signature: |
| Overseas host institution Finance department representative | Print name:  Position:  Date:  Signature: |

Please also note that if this Report is delayed, further applications for Academy funding or funding from any of the other partners may not be accepted until the Report has been received.

Please email your completed report to: [newton-advanced@acmedsci.ac.uk](mailto:clinicallecturers@acmedsci.ac.uk)