|  |  |
| --- | --- |
| C:\Users\n205502\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\CSOlogo.gif**FORM 8** (v1 Sep-21)**Final Statement of Expenditure - Fellowship** |  |

**1. Project Details**

|  |  |
| --- | --- |
| Fellowship Title: |  |
| CSO Reference: |  |
| Fellow: |  |
| Grant Holder: |  |
| Grant Holder Reference: |  |
| Sponsor(s): |  |
|  |
| Start Date: | Click here to enter a date. | End Date: | Click here to enter a date. |

**2. Declaration on behalf of grant holding institution**

I certify that the amounts stated:

• for costs were expended for the sole purpose of the fellowship and in accordance with the conditions of grant;

• are not in respect of any inadmissible costs;

• are within the award period;

• are not the subject of a claim for reimbursement from any other source, and agree to supply corroboration of any expenses claimed in relation to this award if called upon to do so.

|  |  |
| --- | --- |
| Signature (for and on behalf of the Grant Holder): | Date: Click here to enter a date. |
|  |
| Name (block capitals): |  |
| Position Held\*: |  |
| \* Must be an individual with suitable authority such as the Head of Research Finance Department or Equivalent. |

**3. Expenditure details**

|  |  |
| --- | --- |
| **Expenditure Type** | **Expenditure Amount (£)** |
|  Salary |  |
| NI/Superannuation |  |
| Degree Registration/Tuition Fees:  |  |
| Additional Training Costs: |  |
| Research Costs: |  |
| Clinical Trials Regulations Costs: |  |
| NHS Support Costs |  |
|  |  |
| **TOTAL FINAL COSTS** |  |
|  |  |
| **PAYMENTS RECEIVED** |  |
|  |  |
| **BALANCE DUE / OVERPAYMENT RECOVERABLE** |  |

|  |
| --- |
| Please provide details of any additional funding required to cover national pay awards throughout the life of the project. |