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| **FORM 8** (v1 NOV-21)**Final Statement of Expenditure - NES/CSO Postdoctoral Clinical Lectureship** |

**1. Project Details**

|  |  |
| --- | --- |
| Lectureship Title: |  |
| CSO Reference: |  |
| Individual: |  |
| 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 lectureship 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**

|  |  |
| --- | --- |
| **Annual Consumables Expenditure****(Where Applicable)** | **Expenditure Amount (£)** |
| Year 1 |  |
| Year 2 |  |
| Year 3 |  |
| Year 4 |  |
| Year 5 |  |
| Add additional lines where lectureship exceeds five years. |  |
|  |  |
| **TOTAL FINAL COSTS** |  |
|  |  |
| **PAYMENTS RECEIVED** |  |
|  |  |
| **BALANCE DUE / OVERPAYMENT RECOVERABLE** |  |

|  |
| --- |
| Please provide details below of consumables expenses over each year of the lectureship. |