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| C:\Users\n205502\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\CSOlogo.gif**FORM 8** (v1.2 Aug-18)**Final Statement of Expenditure** |  |

**1. Project Details**

|  |  |
| --- | --- |
| Project title: |  |
| CSO Project Reference: |  |
| Chief Investigator: |  |
| Grant Holder: |  |
| Grantholder 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 in parts 3 and 4a to d:

* For directly incurred costs were expended for the sole purpose of the research and in accordance with the conditions of grant;
* For allocated and indirect costs have been used as a contribution towards the funding of the research;
* Are not in respect of any inadmissible costs;
* Are within the grant period;
* Are not the subject of a claim for reimbursement from any other source;
* Have been incurred in accordance with the conditions of grant;
* Are a true and accurate account of the expenditure incurred;
* Agree to supply corroboration of any expenses claimed in relation to this grant 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 a individual with suitable authority such as the Head of Research Finance Department or Equivalent. |

**3. Expenditure details**

|  |  |  |
| --- | --- | --- |
| **DIRECTLY INCURRED** | FEC Expenditure | CSO Expenditure (80%) |
|  Staff\* |  |  |
|  Travel\* |  |  |
|  Equipment\* |  |  |
|  Other Costs\* |  |  |
|  Clinical Trial Regulation |  |  |
| Exceptional Items |  |  |
| TOTAL  |  |  |
| **DIRECTLY ALLOCATED** |  |
|  Staff |  |  |
|  Investigators |  |  |
|  Estate Costs |  |  |
|  Other Equipment |  |  |
| TOTAL  |  |  |
|  |  |  |
| **INDIRECT COSTS** |  |  |
|  |  |  |
| **TOTAL FINAL COSTS** |  |  |
|  |  |  |
| **PAYMENTS RECEIVED** |  |  |
|  |  |  |
| **BALANCE DUE / OVERPAYMENT RECOVERABLE** |  |

\* Please provide further breakdown information for these element under parts 4 a to d.

|  |
| --- |
| Comments |

**4a. Details of Directly Incurred Staff Costs**

Please use the table below to provide basic details of the DI Staff expenditure reported in table 3**. Do not provide personal information such as individual names.**

| Staff Role | Staff Grade | FEC Expenditure | CSO Expenditure (80%) |
| --- | --- | --- | --- |
| *Project Co-ordinator* | *A* |  |  |
| *Research Assitant* | *B* |  |  |
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|  | **TOTAL COSTS** |  |  |

**4b. Details of Directly Incurred Travel Costs**

Please use the table below to provide further details of DI travel expenditure reported in table 3. Items with a value of over £1,000 should be listed separately and all items under £1,000 can be grouped together.

| Item Description | FEC Expenditure | CSO Expenditure (80%) |
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| Other (£<1000) |  |  |
|  |  |  |  |  |
|  | **TOTAL COSTS** |  |  |

**4c. Details of Directly Incurred Equipment Costs**

Please use the table below to provide further details of DI equipment expenditure reported in table 3. Items with a value of over £1,000 should be listed separately and all items under £1,000 can be grouped together.

| Item Description | Model / Part Number | Serial Number | FEC Expenditure | CSO Expenditure (80%) |
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| Other (£<1000) | **n/a** | **n/a** |  |  |
|  |  |  |  |  |
|  | **TOTAL COSTS** |  |  |

**4d. Details of Directly Incurred Other Costs**

Please use the table below to provide further details of DI other expenditure reported in table 3. Items with a value of over £1,000 should be listed separately and all items under £1,000 can be grouped together.

| Item Description | FEC Expenditure | CSO Expenditure (80%) |
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| Other (£<1000) |  |  |
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| **TOTAL COSTS** |  |  |