

**Uniformed Services Academy of Family Physicians
Research Grant Initiative
Final Report Form**

(TO BE SUBMITTED WITHIN THREE MONTHS OF COMPLETION OF ACTIVITY)

1. Name _____ Title of Project _____
2. Date of Activity _____ Location of Activity _____
3. Amount Awarded _____ Unexpended Amount _____
4. DESCRIPTION: Summary of activity and attach copy of the meeting program or agenda.

FINAL BUDGET FORM

Consultants Fees Expenses	
Technical Services (Contract) General Temporary Services	
Office Supplies Copying	
Software Supplies	
Postage	
Telephone Local Long Distance Internet Service Provider	
Printing	
Rental Equipment	
SUBTOTAL – Page 1	

FINAL BUDGET FORM

Computer Equipment Hardware purchase is discouraged and requires additional explanation.	
Maintenance Contracts Software Other	
Equipment	
Clinical Supplies	
Patient Recruitment	
Travel Only include travel expenses related to research data collection.	
Other (please attach explanation)	
List any <i>matching funds</i> that support this project.	
SUBTOTAL – Page 2	
SUBTOTAL from Page 1	
TOTAL	