

**THE TRIOLOGICAL SOCIETY
RESEARCH GRANT FINAL FINANCIAL REPORT**

Principal Investigator: _____

Institution: _____

Institution Address: _____

Grant Title: _____

Entire Project Period (start date, end date): _____

Reporting Period: _____ **Final Report:** Yes No

Category			Amount
Amount Awarded			\$
Carry Over of Funds			\$
Available Funds for the Period			\$
Direct Cost	Projected*	Actual	
Personnel	\$	\$	
Supplies	\$	\$	
Other Cost	\$	\$	
Total Direct Costs	\$	\$	
Indirect Costs (where applicable)	\$	\$	
Total Projected/Actual Expenditures	\$	\$	
Total Expenditures--Actual			\$
UNEXPENDED BALANCE			\$

** Must include both projected and actual amounts. Projected must reflect approved amount of funding from foundation*

Signature of Fiscal Officer: _____ **Date:** _____

Print Name/Title of Fiscal Officer: _____

Contact Name (who prepared): _____

Please remit this form along with a check made payable to The Triological Society for the unexpended balance to:

**The Triological Society
c/o Wells Fargo Bank
Box 3366
Omaha, NE 68176**

Questions may be referred to Gail Binderup at info@triological.org
Phone: 402-346-5500 Fax: 402-346-5300
555 North 30th Street, Omaha, NE 68131