**GLENDON COLLEGE FACULTY COUNCIL**

**GLENDON RESEARCH GRANTS**

**REPORT OF GRANT FUNDS EXPENDITURES**



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| **Name**:  |
| **Department or Programme**:  |
| **Campus Address**:  |
| **Telephone**:  | **Email**:  |

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| Please submit this Report within 9 months of receiving the funds.Please NOTE that if you do not submit the report you will not be eligible for subsequent Glendon Research Grants. |

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| **Title of project:**  |  |

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| Starting date:  |  | Completion date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Projected completion date: |  |

1. What research have you accomplished so far? What are the outcomes? (Articles, books, chapters, conferences, interviews, other).

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1. How did you spend the funds of the grant?

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**EXPENSE DETAILS**

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| **PERSONNEL** |  |  |  |  |
| **Research Assistants** |  |  |  |  |
| **Monthly or Hourly Rate** | **Hours per** **Month** | **Number of employees** | **Number of Months** | **Total** |
|  |  |  |  |  |
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| What work did these employees do? |  |

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| **TRAVEL**  |  |  |  |  |  |
| **Dates (MM/DD/YY)** | **Destination** | **Air** | **Taxi** | **Train/Bus/Car** | **Total** |
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| **HOTEL /Accomm.** |  |  |  |  |
| **Dates (MM/DD/YY)** | **Destination** | **Rate**  | **# of days/months** | **Total** |
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| **SUBSISTENCE** |  |  |  |  |
| **Dates (MM/DD/YY)** | **Destination** | **# Days** | **Estimation** | **Total** |
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| **OTHER** |  |  |  |  |
| *Itemize* |  |  |  | **Total** |
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| GRAND TOTAL | **$**  |

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| **Additional comments:**  |
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1. If your research includes human subjects, please attach a copy of approval from HPRC.