Maldives National University Research Grants

 Interim Financial Reporting (Insert reporting period)

**Project Details:**

Project ID: Click here to enter text.

Project Title: Click here to enter text.

Principal Investigator: Click here to enter text.

Co-Investigator(s): Click here to enter text.

Total Grant Amount (MVR):

Released Amount (MVR): *(give below for each disbursement separately)*

1. Kick-off funding:
2. Second disbursement:

Balance Amount (MVR):

**Report of Expenses for current reporting period:**

This is just a sample format of an expense table. This may be modified to present the budget and expense details for the specific project.

*(For all expenses please provide the required proof of expenditure)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Item Description** | **Funds Received (MVR)** | **Actual Cost****(MVR)** | **Remaining Funds****(MVR)** |
| **Travel** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Subtotal |  |  |  |
| **Equipment &****supplies** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***Subtotal*** |  |  |  |
| **Salaries** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***Subtotal*** |  |  |  |
| **Total** |  |  |  |  |

**Request for Funding**

Please provide below the details of the required funding for the next disbursement of grant funds

|  |  |  |
| --- | --- | --- |
| **CATEGORY****(e.g. travel, salary etc)** | **ACTIVITY** | **REQUESTED AMOUNT (MVR)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Signatures:**

|  |  |
| --- | --- |
|  |  |
| Signature of Principal Investigator | Date |
|  |  |
| Signature of Co-Investigator | Date |
|  |  |
| Signature of Co-Investigator | Date |

**For office use:**

|  |  |
| --- | --- |
|  | Approved |
|  | Further clarifications needed |
|  | Rejected |

Comments:

Approved by: Click here to enter text.

Date: Click here to enter text.