



**GUIDELINES FOR PREPARING THE FINANCIAL REPORT  
FOR ONCOLOGY NURSING FOUNDATION RESEARCH GRANT PROJECTS**

**PURPOSE:**

The Oncology Nursing Foundation requires all recipients of Oncology Nursing Foundation research grant funding to submit a yearly financial report within 60 days of the end of the budget period and a final financial report within 60 days of completion of the project. The Foundation must document the expenditure of grant funds to be in compliance with the requirements of its annual audit.

**AUTHORIZED EXPENSES:**

Authorized expenses include only the items listed in the line-item budget that were “*approved*” by the Oncology Nursing Foundation. Up to 10% of the total award may be allocated for indirect costs.

**FINANCIAL ACCOUNTABILITY:**

Official expenditure reports are required from the accounting or grants and contracts officer of the institution managing the grant. If the award was distributed to the individual Principal Investigator, she/he is responsible for submitting the report. Unexpended funds must be returned to the Foundation at the time the financial report is submitted (payable to the Oncology Nursing Foundation). *Financial reports should be submitted to the Oncology Nursing Foundation.*

**SUBMISSION DEADLINE AND POLICY FOR FAILURE TO SUBMIT REPORTS:**

End of Year Financial Reports are due within 60 days of the end of the budget period and the Final Financial Reports are due within 60 days of the completion of the project or within 60 days of the end of the funding period, whichever comes first. The investigator or the financial officer of the institution that managed the award must submit the attached financial report detailing how the award funds were expended. *You may use your institution’s standard forms or the attached forms.* Grant recipients who do not submit the required financial and scientific final reports will not be eligible for future Foundation grant funding until delinquent reports are received and approved.

***All written inquires pertaining to the financial accounting report should include the year the award was given, name of the specific award, title of the project, and PI’s name, phone number, and preferred mailing address. Address inquires and/or submit the final report to:***

Oncology Nursing Foundation  
125 Enterprise Drive  
Pittsburgh, PA 15275-1214  
Phone: 866/257-4667 (Option 4)  
Email: [grants@onfgivesback.org](mailto:grants@onfgivesback.org)

**ONCOLOGY NURSING FOUNDATION  
125 ENTERPRISE DRIVE  
PITTSBURGH, PA 15275-1214**

**FINANCIAL EXPENDITURE ACCOUNTING REPORT**

**TITLE OF FUNDED PROJECT:**

\_\_\_\_\_

**FUNDING SOURCE:** Oncology Nursing Foundation through an unrestricted grant from \_\_\_\_\_

**YEAR GRANT FUNDED:** \_\_\_\_\_

**PROJECT STARTED:** (mo/day/yr) \_\_\_\_\_ **PROJECT COMPLETED** (mo/day/yr) \_\_\_\_\_

**NAME OF PRINCIPAL INVESTIGATOR & PREFERRED MAILING ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Principal Investigator**

\_\_\_\_\_  
**Date**

**NAME, TITLE OF FISCAL OFFICER & ADDRESS OF THE INSTITUTION MANAGING THE AWARD:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Fiscal Officer Submitting/Approving this Report & Date**

125 ENTERPRISE DRIVE  
PITTSBURGH, PA 15275-1214

**FINANCIAL EXPENDITURE ACCOUNTING REPORT**

*Please document on this form all expenses related to the award. Undocumented expenses will not be considered allowable and will be billed to the awardee. Unexpended funds must be returned to the Oncology Nursing Foundation at the time this report is submitted. Receipts are NOT required for any of the documented expenses.*

Name of Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Project: \_\_\_\_\_ Date of Award: \_\_\_\_\_

**RECORD OF EXPENSES**

- 1. Transportation (Plane round-trip; Train; Bus; Rentals; Taxi) \_\_\_\_\_
- 2. Hotel/Motel \_\_\_\_\_
- 3. Meals \_\_\_\_\_
- 4. Mileage: No. of miles \_\_\_\_\_ @ 48.5 cents per mile \_\_\_\_\_
- 5. Parking/Tolls \_\_\_\_\_
- 6. Telephone/Conference Calls \_\_\_\_\_
- 7. Supplies (paper, computer disks, computer time) \_\_\_\_\_
- 8. Postage \_\_\_\_\_
- 9. Photocopying \_\_\_\_\_
- 10. Equipment (Items \$500 or greater) \_\_\_\_\_
- 11. Salaries: Name of Person/Title/Amount Paid (Direct Fringe)  
\_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_
- 12. Other: Specify \_\_\_\_\_ \_\_\_\_\_
- Total Expenses: \_\_\_\_\_
- Total Amount of Award: \_\_\_\_\_
- Refund Due to the Oncology Nursing Foundation \_\_\_\_\_