

Note:

Only the fields marked with a \* are mandatory

File Number :

Provide your institutions RSF file number. This was your usual login for the Extranet site (pXXXX).

Senior Official / Main Contact Information

Institution \*

Contact Family Name \*

Contact Given Name \*

Contact Position

Contact Department

Contact Telephone number

Contact E-Mail address at institution \*

Delegate - Financial Contact Information

Financial Contact Family Name \*

Financial Contact Given Name \*

Financial Contact Position

Financial Contact Department

Financial Contact Telephone number

Financial Contact E-Mail address at institution \*

Statement of Account

Please enter the total amount as indicated on your RSF Notice of Award for 2022-2023.

**NOTE:** The amount also includes the IPG and Research Security funding amounts, as applicable.

Total RSF funding (including IPG and Research Security Funding) available during the year 2022-2023

A \$

Expenditures incurred in 2022-2023

Total expenditures including Health Research Affiliates (as applicable). NOTE: The amount also includes the IPG and Research Security expenditures, as applicable.

Research Facilities \*

\$

Research Resources \*

\$

Management and Administration \*

\$

Regulatory Requirements and Accreditation \*

\$

Intellectual Property \*

\$

Total expenditures incurred 2022-2023

B \$ 649091

Outstanding Commitments :

Outstanding Commitments :

The expenditure was incurred but the invoice was not paid in the period ending March 31 (extension provided to June 30 for this year), but was paid before June 30 (extension provided to September 30 for this year). Be sure to include the commitments in the appropriate expenditure categories above.

\$

**Health Research Affiliates**

**For organizations with health research affiliates only: for each expenditure category, indicate the actual amount of your grant that was spent by your health research affiliates.**

**Research Facilities**

**\$**

**Research Resources**

**\$**

**Management and Administration**

**\$**

**Regulatory Requirements and Accreditation**

**\$**

**Intellectual Property**

**\$**



**By submitting this report, you are confirming that the information is finalized and has been validated by the Delegate - Financial contact, as indicated above.**

Submit

Cancel