

## Expenditure breakdown form

A completed copy of this form **must** accompany every research invoice.

Administrative information			
Invoice number	<input type="text"/>	Institution name	<input type="text"/>
Grant reference	<input type="text"/>	Institution's reference	<input type="text"/>
Grant holder name	<input type="text"/>	Contact in case of query	Name: <input type="text"/>
Period of claim [dd/mm/yyyy]	From:	<input type="text"/>	Tel: <input type="text"/>
	To:	<input type="text"/>	Email: <input type="text"/>

Research expenditure [A] If you're claiming salary costs from March 2019 onwards please provide justification below			
	Details (where applicable)		Costs for period
Salary one/Stipend	Staff member/student name		£
Salary two	Staff member name		£
Salary three	Staff member name		£
Salary four	Staff member name		£
Studentship fees	Year of study covered by this payment (1, 2 or 3)	Year	£
Consumables	No additional information required		£
Equipment	Please detail		£
Other expenses	Please detail		£

**Salary justification during COVID-19 pandemic [A]**

Please note that the salary requested in the section above should include only the costs requested from Breast Cancer Now. It should not include any costs that can be claimed from the coronavirus Job Retention Scheme.

We require further information from you on the work done by staff members during the disruption from the COVID-19 pandemic. This is so that we can assess the cost of this disruption to our researchers. If any of the staff members are on furlough or there are any other updates, please let us know below.

Please outline the work the staff member(s) listed above carried out during this time:

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Please let us know the dates between which your University was closed due to the COVID-19 pandemic.

Were any of the staff funded by the grant furloughed when the university was closed? Yes/No

If yes, please give details below.

**Conference travel expenditure [B]**

Please complete the **conference travel expenditure form** on **page two** of this document to claim conference travel expenses.

**Total Expenditure**

Total research expenditure [A]

£ 0.00

Total conference travel expenditure [B]

£ 0.00

**Grand Total\* [A + B]:**

£ 0.00

\*Please note that this figure **must** match the total figure claimed on the corresponding invoice

**For BCN Office use only:**

Balance before payment: £	Remaining balance after payment: £	Supplier number:
<b>Raised by:</b>		
Name:	Signature:	Date:
<b>Authorised by:</b>		
Name:	Signature:	Date:
<b>Notes:</b>		

## Conference travel expenditure form

**Please note:**

- In order to qualify for reimbursement of the Conference travel expenditure, the attendee must present work funded by us, whether it is in the form of a poster or an oral presentation.
- **We require a short abstract related to the poster/presentation to be submitted.**
- In order to claim conference travel expenses, please complete **all** of the relevant section(s) below.
- Conference travel claims **do not** need to have occurred within the current invoice period.

**Conference travel claim one**

Name of attendee	<input type="text"/>	Conference name	<input type="text"/>
Type of presentation	<input type="text"/>	Location	<input type="text"/>
Title of presentation given	<input type="text"/>	Dates attended [dd/mm/yyyy]	From: <input type="text"/>
Authors (where relevant)	<input type="text"/>		To: <input type="text"/>

	Amount
Transport	£
Accommodation	£
Conference registration fees	£

Total conference travel costs [B1]: **£ 0.00**

**Conference travel claim two**

Name of attendee	<input type="text"/>	Conference name	<input type="text"/>
Type of presentation	<input type="text"/>	Location	<input type="text"/>
Title of presentation given	<input type="text"/>	Dates attended [dd/mm/yyyy]	From: <input type="text"/>
Authors (where relevant)	<input type="text"/>		To: <input type="text"/>

	Amount
Transport	£
Accommodation	£
Conference registration fees	£

Total conference travel costs [B2]: **£ 0.00**