

HOFSTRA UNIVERSITY

GRANT FINANCIAL REPORT APPROVAL FORM
(cover sheet for All Grant Financial Reports)

Fund No.: _____
Grant Name: _____
Grant Period: _____
Report Period: _____
Budget: _____ Expended: _____
PI: _____

I have reviewed the contents of this report on the date indicated by my name, and I concur with the content and acknowledge the University's responsibilities and compliance with reporting requirements.

Signature	Print Name and Title	Date
() _____ Project Director	_____	_____
() _____ Office for Research & Sponsored Programs*	_____	_____
() _____ Grants Manager	_____	_____
() _____ Controller	_____	_____
() _____	_____	_____

* Approval by the Office for Research and Sponsored Programs is only required on Final Financial Reports or reports that include non-financial information (i.e. Narratives).