

Mount Sinai School of Medicine
One Gustave L. Levy Place
New York, NY 10029

Grant Financial Report Authorization

Date:

To: Sponsored Projects Accounting

From:
(Principal Investigator)

I have reviewed the attached Financial Status Report for the following project:

Project Title:
Grant No:
Account No:
Reporting Period:

To the best of my knowledge, these were necessary and allowable expenditures incurred for the conduct of the project and are appropriately charged to the grant. I approve the submission of the Financial Status Report to the sponsor.