## **Joint Admission Medical Program** FY 2019 Expenditure Report – Medical Schools **Summer Program Distribution**

Institution	Date
Income	
FY2019 Distribution	
	Total
Expenses	
Salaries – Professional/Administrative	
Salaries – Faculty	
Salaries – Classified	
Wages – Student Assistant(s)	
Other Personnel Costs/Contract Services	
Stipends – Clinical Preceptors	
Stipends – Chaperones	
Student Housing	
Food/Meals (Students)	
Student Travel	
Summer Program Supplies	
Enrichment Activities <sup>1</sup>	
Other (must specify) <sup>2</sup>	
Total Expenses for	r FY 2019
Unspent funds not reported from past fiscal years	
Unspent funds not	reported
Total Unspen	t Balance
<b>Additional information required:</b> A copy of your institution's monthly statement of account for August 31, 2019 must be provided with this report.	IAMP funds, as of
<b>Unspent FY19 Funds:</b> Any funds that have been encumbered under the FY16-19 Agreement shown no later than September 30, 2019. All remaining funds must be returned no later than October 3.	-
<b>Certification:</b> By signing this document, I certify, to the best of my knowledge and belief, that this report is correct and that all outlays and unliquidated obligations are for the purpose set forth in the Agreement executed with the JAMP Council.	
JAMP Council Member Signature	 Date
JAMP Council Member (print name)	
Second Signer (signature required)	Date
Second Signer (print name and title)	
The signature required must be the institution's officer responsible for accountability of JAMP funds.  This may be a vice president, controller, director or manager of contract and grants, or other business officer di	rectly responsible for funds.

 $<sup>^1</sup>$  Please provide a description of summer program enrichment activities.  $^2$  The category "Other" should be used when no other category applies.