

**Joint Admission Medical Program
FY 2021 Expenditure Report – Medical Schools
Summer Program Distribution**

Institution _____

Date _____

| | |
|--|--|
| Income | |
| FY2021 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 ¹ | |
| Other (must specify) ² | |
| | |
| | |
| | |
| Total Expenses for FY 2021 | |
| Unspent funds not reported from past fiscal years | |
| | |
| | |
| | |
| Unspent funds not reported | |
| Total Unspent Balance | |

Additional information required: A copy of your institution’s monthly statement of account for JAMP funds, as of August 31, 2021 must be provided with this report.

Unspent FY21 Funds: Any funds that have been encumbered under the FY20-23 Agreement should be expended no later than September 30, 2021. All remaining funds must be returned no later than October 31, 2021.

Certification: 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 directly responsible for funds.*

¹ Please provide a description of summer program enrichment activities.
² The category “Other” should be used when no other category applies.