Joint Admission Medical Program FY 2023 Expenditure Report Medical Schools Summer Program Distribution

Institution	Date	
Income		
FY2023 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 Expe	enses for FY2023	
Unspent funds not reported from past fiscal years		
1 1 1 /		
Unspent fo	unds not reported	
•	Unspent Balance	
 A copy of your institution's monthly statement of accounts for JAMP funds as of A 	•	ort.
All funds encumbered under the agreement must be expended before September		
 All unspent funds must be returned. Once we receive your expenditure report, we return all unspent funds. 		uctions to
Certification: By signing this document, I certify, to the best of my knowledge and belief unliquidated obligations are for the purpose set forth in the Agreement executed with the second of the purpose set forth in the Agreement executed with the second of the seco		and
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 busine	ess omicer airectiv 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.