FINAL GRANT ACCOUNTABILITY REPORT: ESPE CLINICAL FELLOWSHIP

[To be completed in full towards the end of the fellowship or within 4 weeks of fellowship completion and sent along with the receipts/bills and fellowship report (see separate form on the website) to ESPE Office (espe@eurospe.org) – the final 20%payment will be made ONLY after receipt all these forms on time]

1. FELLOW DETAILS:

Name: ____________________

Address: ____________________

Postal Code: __________ City: __________

Telephone: ____________________

E-mail: ____________________

2. DATE OF ACCOUNTABILITY REPORT

Date: ____________________

3. INITIAL GRANT PAID INTO BANK ACCOUNT

IBAN: ____________________

Date: ____________________

4. PERIOD OF FELLOWSHIP & PAYMENT MADE SO FAR:

3 months (dates): __________ Amount paid €: __________

6 months (dates): __________ Amount paid €: __________

5. NAME OF CENTRE WHERE FELLOWSHIP TOOK PLACE

Name of Centre: ____________________

City: ____________________

Country: ____________________

Host name ____________________

EXPENDITURE DETAILS

7. PLEASE COMPLETE THE FOLLOWING BREAKDOWN OF EXPENDITURE – EXPESNES SHOULD BE CONVERTED TO EUROS (and attach receipts/bills for all Expenses except for Pocket money)

Item:		Amount in €:	
		Total €:	

[Please label the bills accordingly with the expense name eg., 'flight receipt', 'insurance bill' etc., before attaching to the email]

8. HAVE YOU FULLY SPENT THE FUNDS GRANTED?

Yes: ____________________ *No: ____________________

If NO: Transfer of the remaining amount to the ESPE Bank account is requested, details included below.

European Society for Paediatric Endocrinology (ESPE)
Bank: ING Belgium SA/NV
Bank address: ING Belgium, Rue du Trone 14-16, 1000 Bruxelles
Bank account: 310-1773908-58
IBAN: BE95 3101 7739 0858
SWIFT: BBRUBEBB
Reference: Clinical Fellowship/ APPLICANT NAME

9. **WHAT WERE THE KEY OUTCOMES FOR YOU AS A RESULT OF THE CLINICAL FELLOWSHIP GRANT:**

DECLARATION

Please note: this form should be signed by the fellow and the Host Supervisor

10. **FELLOW**

Full name: ______________________________

Signature: ______________________________

Date: ______________________________

11. **HOST/SUPERVISOR**

Full name: ______________________________

Signature: ______________________________

Date: ______________________________

15. **REMARKS BY THE HOST ABOUT THE FELLOW AND THE FELLOWSHIP PROGRAM:**

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