

# Project progress report

# DUE: February 13, 2026

## Study title:

**Principal Investigator**:

**Date Funded**:

**Brief Summary of Progress to Date**:

(bullet points accepted, no more than 15 lines)

**Any barriers or challenges that have been identified:**

## Key accomplishments:

(please list up to a maximum of 5)

## Financial reporting:

Please provide a summary of the budget spent to date according to the template attached.

Signature of principal investigator:

Note: email confirmation can also be provided

## Date:

Submit completed form to Michelle Sylvain at the Department of Family Medicine by e-copy to [sylvaim@mcmaster.ca](mailto:sylvaim@mcmaster.ca)



# Department of Family Medicine Research Funding Interim Financial Report

## Study title:

**Principal Investigator**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HUMAN RESOURCES** | **Salary** | **Benefits** | | **Total Cost** |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
| **Subtotal** |  |  | |  |
| **SUPPLIES AND EQUIPMENT** | | | **Total Cost** | |
|  | | |  | |
|  | | |  | |
|  | | |  | |
|  | | |  | |
| **Subtotal** | | |  | |

|  |  |
| --- | --- |
| **TOTAL EXPENSES** |  |
| **APPROVED BUDGET** |  |
| **Over-spending (or Under-spending)** |  |

Comments on changes to the budget related to what was originally approved: RECORD OF EXPENDITURES

I certify that this is an accurate account of expenditures for the period specified and that supporting documents are available for audit.

SIGNED BY: DATE: