

SUPPORT OF JOINT RESEARCH GROUPS (SCHEME 3 GRANTS) FINANCIAL AND ACADEMIC REPORT FORM

If you wish to apply for a renewal grant this form should be submitted with your application by **15 September**. The final date for receipt of reports for Scheme 3 grants is **31 December**.

Reference number:							
Grantee's name: (Full name with title eg Prof, Dr etc)							
Email address:							
Nature of award: (Please give the overall title of your group)	Support of joint research group						
Conditions of the award:	The grant shall be used for the purposes described in the application. Minor variations from the proposed activities are acceptable as long as they are clearly within the general framework enunciated in the application. Please refer to your Grant Offer and Claims Form for the particular conditions relating to your grant.						
Financial Report:	to your granti						
Please describe the overall budget, giving enough detail to show that the amounts spent from the LMS grant correspond to the amounts requested and comply with the conditions listed in the Grant Offer and Claim Form. If any part of the grant is unspent please explain which part could not be used and give the reasons. Please see Note 2 of the Grant Offer and Claim Form.							
Ite	em	Amount £					
Please continue on a separate sheet if necessar							
Amount awarded (including any sums transferred from the previous year) (A):							
Grant claimed from the LMS: Total spent from LMS Grant (includin	a any sums transformed from the provious						
year) (B):	g any sums dansierieu nom die previous						
Refund due to the LMS (A-B):							
Please indicate how any refund will be returned to the LMS:							
To be deducted from any renew							
Bank transfer							
Cheque (made payable to the Lor	ndon Mathematical Society)						

Academic Report: Your report should contain a gen principal speakers, at each meet and how successful it has been a extent you fulfilled your original of the standard standar	eet if nece	essary	tails of wh Please re	nat has been	n achieved	d at each m	eeting of t	he group:
Date of Meeting:		<u> </u>						
	Male	Female	Male	Female	Male	Female	Male	Female
Invited speakers								
Research students (host inst)								
Research students (other inst's)								
Other participants (host inst)								
Other participants (other inst's)								
Total								
Signature of Grantee: Print name:								
Please return this form Mrs Sylvia Daly, Programme Con London WC1B 4HS.				Society, De	Morgan H	ouse, 57-58	3 Russell S	Square,
For office use only					A+b	oricad b		
					Authorised by: Cttee mem			
Date Report Received D/b			PS					
Refund Due: A/cs File D/b D Date Refund Received A/cs File D/b D			Date	Date				
	A,	cs 🗀 F	ile 🔲	D/b 📙				
Date Acknowledged								

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