



POGO PROVINCIAL SATELLITE PROGRAM ANNUAL ACCOUNTING REPORT
To be completed by Satellite Centres

Reporting Period: April 1 _____ to March 31 _____

Satellite Centre: _____

Form Completed By: _____ Signature: _____

Position: _____ Discipline: _____

Phone: _____ Fax: _____ Email: _____

Date Submitted: _____

Funds Received

From POGO:

FY Funding	Amount Received
20__-__	

EXPENDITURES:

Personnel:

	FTE	Benefits	Salary	TOTAL
Physician Stipend				
SUBTOTAL (2)				

Total Received (1)	
Total Spent (2+3)	
Balance +/-	

Please submit by April 30th to:

at:

Email: