




REQUEST FOR RESEARCH PATIENT PARTICIPATION FUNDS

Complete & send to :
researchfinance@stjoes.ca

Vendor Number: 31646

Invoice Date: _____

Vendor Name: LHIN4 PATIENT STUDY

 **Invoice Number:** _____

Remittance:  **Name:** _____
Address: _____

If this is an initial request for disburseable funds, please attach a copy of the study budget and letter of approval from the PI.

Cost Centre:  _____

Reference Person (email): _____

If this request is to replenish an existing disbursement fund, please attach a copy of the disbursement log.

Description	Entity (06)	Department (10 digits)	SubAcct (7 digits)	Hours Worked	Rate	Total
Patient Study	07		6959401			
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -

Payment Requested CAD

Cheque Requisition Date: _____

Requested by: _____ **Ext:** _____

Principal Investigator Signature _____

Date _____

