

# Research Patient Participation Fund Disbursement Log

<b>REB Number</b>	
<b>Protocol Number</b>	
<b>Protocol Title</b>	
<b>Principal Investigator</b>	
<b>Study Coordinator</b>	
<b>Cost Centre</b>	

<b>Date:</b>	<b>Visit #: (if applicable)</b>	<b>Disbursed By:</b>	<b>Participant Initials: (to be completed by participant)</b>	<b>Amount Received:</b>	<b>Amount Disbursed:</b>	<b>Balance</b>

<b>Date:</b>	<b>Visit #: (if applicable)</b>	<b>Disbursed By:</b>	<b>Participant Initials: (to be completed by participant)</b>	<b>Amount Received:</b>	<b>Amount Disbursed:</b>	<b>Balance</b>