

St. Joseph's Hamilton The Research Institute of St. Joe's Hamilton Research Patient Participation Fund Disbursement Log

REB Number	
Protocol Number	
Protocol Title	
Principal Investigator	
Study Coordinator	
Cost Centre	

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

V.110CT2017

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

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