



## **Research Support Funding Request Form**

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To: Dr. Stuart MacLeod, Executive Director  
Child & Family Research Institute  
A2 - 146, 950 West 28<sup>th</sup> Avenue, Vancouver, BC, V5Z 4H4

Cc: Ms. Anita Chiu, Finance Director

Name – Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name – Research Administrator (if applicable): \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Purpose of Funding Request**

**Choose one of the following options to request funding:**

1. Reimbursement of Previously Incurred Expense(s) – See **Option 1** below.
2. Invoice Payment – See **Option 2** below.
3. To Transfer Funds at Children’s & Women’s – See **Option 3** below.
4. To Fund a New Research Project – See **Option 4** below.

**Option 1: Reimbursement of Previously Incurred Expense(s)**

Name of Payee (to be Reimbursed): \_\_\_\_\_

Payee Mailing Address: \_\_\_\_\_

Payee Telephone No.: \_\_\_\_\_ Payee Email Address: \_\_\_\_\_

Total Amount Claimed (in Canadian Dollars): \$ \_\_\_\_\_

Please attach the original receipt(s) **and /or** the print-out(s) of the University of British Columbia Project Grant general ledger transactions, if applicable.

Reimbursements will not be processed without original receipts.

**Option 2: Invoice Payment**

Name of Vendor: \_\_\_\_\_

Total Amount to Pay: \$ \_\_\_\_\_ Currency (Cdn, USD, Euros): \_\_\_\_\_

Please attach the original invoice. Payments will not be processed without the original invoice.

**Option 3 Request to Transfer Funds to Children’s & Women’s Depts / Projects**

Reason for transfer of funds: \_\_\_\_\_

\_\_\_\_\_

Total Amount to Transfer (in Canadian Dollars): \$ \_\_\_\_\_

Transfer funds to (credit): \_\_\_\_\_

Business Unit: \_\_\_\_\_ Fund: \_\_\_\_\_ Account: \_\_\_\_\_ Dept: \_\_\_\_\_ Site: \_\_\_\_\_ Project: \_\_\_\_\_

Please attach the copy of receipt(s) **and / or** the print-out(s) of the transaction(s) in the general ledger.

**Option 4: To Fund New Research Project**

Project Title: \_\_\_\_\_

Total Amount Required (in Canadian Dollars): \$ \_\_\_\_\_

Ethics Submission Completed? Mark (X) Yes  No  N/A

Duration of Project: \_\_\_\_\_

Mark (X) for Site of Project Set-up Children’s & Women’s  UBC

**For CFRI Finance Use Only**

Date Received: \_\_\_\_\_

CFRI Reference No.: \_\_\_\_\_