
Research Support Funding Request Form

To: Dr. Jan Friedman, Acting Executive Director
Child & Family Research Institute
A2 - 146, 950 West 28th 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 (CAD, USD): _____

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

New project accounts need to be entered into RISE as non-statistical (applies to both C&W and UBC PGs)

Project Title: _____

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

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|--|--|-------|----|-------|-----|-------|
| Ethics Submission Completed? Mark (X) | Yes (certificate must be attached) | _____ | No | _____ | N/A | _____ |
| | | | | | | |

Project Start Date: _____ End Date: _____

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