

Billing Form—Research



Instructions: Complete this form to request payment from funder for invoiceable items as per funder agreement. Please attach all supporting documents; e.g., de-identified research participant details, service provided, date(s).

Date Requested:

When completed, please forward to:
Financial Services—Research, Room 813, Bethune Building

Instructions: Complete this form to request payment from funder for invoiceable items as per funder agreement. Please attach all supporting documents; e.g., de-identified research participant details, service provided, date(s).			
		Date Requested: <input style="width: 100%;" type="text"/>	
When completed, please forward to: Financial Services—Research, Room 813, Bethune Building			
SAP Cost Centre No.		Study/Protocol Number:	
Requested by:		Telephone number:	
Principal Investigator:			
Description of item(s) to be invoiced:			
Amount to be invoiced:	\$	Overhead to be included:	\$
Funder or organization to be billed:			
Billing contact name:			
Billing address:			
Telephone No.:			
E-mail address:			
For Research Finance use only			
SAP Cost Centre No.	Cost element:	Total amount:	
	Cost element:	Total amount:	
	Cost element:	Total amount:	