



a place of mind

# UBC Okanagan Office of Research Services REQUEST FOR ISSUE OF A SUBGRANT

Office of Research Services

Phone: (250) 807 9412

*FOR ADMINISTRATIVE USE ONLY*

<i>FAS</i>	<i>DATE RECEIVED</i>
------------	----------------------

<b>UBC OKANAGAN RESEARCHER INFORMATION</b>		
SURNAME	GIVEN NAME	
FACULTY/DEPARTMENT/UNIT	ACADEMIC RANK	
PHONE NUMBER	EMAIL	
<b>PROJECT INFORMATION</b>		
REQUEST DATE		
TITLE OF PROJECT		
PROJECT/GRANT NUMBER	SPEED CHART	
<b>RECIPIENT INSTITUTION INFORMATION</b>		
RECIPIENT RESEARCHER'S SURNAME, GIVEN NAME(S)		
RECIPIENT INSTITUTION NAME		
AMOUNT OF GRANT TO BE SENT YEAR 1	PERIOD OF GRANT FOR YEAR 1 (MM/DD/YYYY – MM/DD/YYYY)	
<b>NOTES:</b>		
<ul style="list-style-type: none"> <li>UNLESS SPECIFIED OTHERWISE, ANY EQUIPMENT PURCHASED BY THE CO-INVESTIGATOR WITH THESE FUNDS WILL BELONG TO THE RECIPIENT INSTITUTION, WHICH IS THE STANDARD PRACTICE.</li> <li>ON THE NEXT PAGE, PLEASE PROVIDE A BRIEF STATEMENT OF WORK AND BUDGET BREAKDOWN. THIS WILL FORM PART OF THE TRANSFER AGREEMENT.</li> </ul>		
<b>OFFICE OF RESEARCH SERVICES</b>		
NAME	SIGNATURE	DATE

