



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

Office of Research Services
Phone: (250) 807 9412

FOR ADMINISTRATIVE USE ONLY

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

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

APPROVED USE OF FUNDS:

BUDGET

BUDGET SUMMARY	AMOUNT	
STUDENT SALARIES (INCLUDING BENEFITS)	BACHELOR'S	
	MASTER'S	
	DOCTORATE	
NON-STUDENT SALARIES (INCLUDING BENEFITS)	POSTDOCTORAL	
	OTHER	
EQUIPMENT (INCLUDING POWERED VEHICLES)**		
TRAVEL		
PROFESSIONAL AND TECHNICAL SERVICES/CONTRACTS		
MATERIALS, SUPPLIES AND OTHER EXPENDITURES		
TOTAL:		

*ALL EQUIPMENT PURCHASED WITH THESE GRANT FUNDS BELONG TO THE RECIPIENT INSTITUTION **YES** **NO**

SIGNATURES

UBC OKANAGAN RESEARCHER

NAME	SIGNATURE	DATE
------	-----------	------

UBC RECIPIENT RESEARCHER

NAME	SIGNATURE	DATE
------	-----------	------