



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>
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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 INSTITUTION INFORMATION		
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)	
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. ON THE NEXT PAGE, PLEASE PROVIDE A BRIEF STATEMENT OF WORK AND BUDGET BREAKDOWN. THIS WILL FORM PART OF THE TRANSFER AGREEMENT. 		
OFFICE OF RESEARCH SERVICES		
NAME	SIGNATURE	DATE

APPENDIX B

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

Note: This Appendix is an integral part of the transfer of funds agreement.