

Office of Research Services 102-6190 Agronomy Road Vancouver, BC Canada V6T 1Z3 Phone 604-822-8581 www.ors.ubc.ca

Request for Cost Centre Change – ORS

Use this form for ORS administered grant worktags.

If the request is for more than one ORS grant worktag, append additional pages if necessary. Signatures from the New Cost Centre/Approved Centre/Faculty are required one time only.

1. Principal	Investigator (PI) Int	ormation	
PI Name:			
PI Faculty:		PI Email:	
2. Worktag	Information		
Existing Gran Cost Centre:			
New Cost Cen	ntre / Faculty:		
Effective Date	of Transfer:		
3. Signature	es (PI and New Cost	Centre/Faculty)	
Principal Inve	stigator Signature	_	Date
Department Head		Centre Director Centre's approval is not required if PI remains in the same approved Centre	Dean*
Signature		Signature	Signature
Name:		Name:	Name:
Date:		Date:	Date:
Kinesiology	·	nd signed, please route to Reseator for completion below	s of Science, Applied Science or School of arch Finance at rf@finance.ubc.ca
4. Research	Finance		
-	Budget / Cash to be tr dated budgets if applica	ansferred to the new Cost Centre: _able.	
Research Fina	ance Signature		Date
Name:			
Resear	• •	submit fully signed form to the O	
	<u>65.5du.810@810</u>	and cc: ORS Contact on the exis	iliy grant worklag



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Request for Cost Centre Change – ORS Additional Page

1. Principal Inves	tigator (PI) Info	mation
PI Name:		
PI Faculty:		PI Email:
2. Worktag Inform	nation	
Existing Grant Works Cost Centre:		
New Cost Centre / Fa	iculty:	
Effective Date of Tra	nsfer:	
3. Signatures	•	
Principal Investigato	r Signature	Date
PI, once the above	e is complete and	I signed, please route to Research Finance at rf@finance.ubc.ca for completion below
4. Research Finai	nce	
Current year Budge and all future-dated b		sferred to the new Cost Centre:e.
Research Finance Si	gnature	Date
Name:		

Research Finance, please submit fully signed form to the Office of Research Services at ors@ors.ubc.ca and cc: ORS Contact on the existing grant worktag