*To request a transfer of funds to a UBC researcher, please complete the form below:*

|  |
| --- |
| **UBC Source Worktag Information** |
| **Request Date:** |  |
| **UBC Principal Investigator/Grantholder’s Name:** |   |
| **Faculty/Department/Centre:** |   |
| **Project Title:** |  |
| **Should remaining funds at end of project be returned to the funding Source Account Worktag?** | [ ]  No [ ]  Yes  |
| **UBC Recipient Information** |
| **Recipient Researcher’s Name:** |   |
| **Recipient Campus (Vancouver/Okanagan):** |   |
| **In which faculty/department/division/institute or centre will the Grant be set up?:** |  |
| **Recipient Account #:**Note: for existing accounts only; if new account request, please leave blank |  |

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| **Proposed Use of Funds (1-2 sentences)** |
|  |

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| --- |
| **Fund Transfer Schedule** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Start Date****(YYYY/MM/DD)** | **End Date(YYYY/MM/DD)** | **Requested Amount** | **Funding Source Grant #** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |

**Source Account Signing Authority:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name Date**