

Research Finance Cheque Deposit

PART A:

Date Cheque Received:

__ / __ / ____
(DD) (MM) (YYYY)

Received via

Hospital Mail
External Mail
Hand Delivered

Opened By: _____

Delivered By: _____

PART B:

Cheque Date:

__ / __ / ____
(DD) (MM) (YYYY)

Cheque Number: _____

Cheque Amount:

\$ _____

CAD

USD

OTHER: _____

Percent: _____%

Overhead Charges:

Yes

No

Research OH: \$ _____

Department OH: \$ _____

Payee: _____

PART C:

Activity Number _____

Account Number _____

Principle Investigator: _____

Coordinator: _____

Email: _____

Extension: _____

CHECKLIST:

- Completed Research Finance Cheque Deposit Form
- Supporting Documentation (Invoice, Award Letter, Contract, Email, etc)
- 2 Photocopies of Cheque
- Cheque