

From:
 Scientist, Li Ka Shing Knowledge Institute
 Unity Health Toronto

Dear Dr.

We are pleased to confirm that we have secured _____ in support of _____ at Unity Health Toronto, St. Michael's Hospital

Donor Name	Funding amount
Assigned Physician/Researcher	Researcher account for transfer N/A
Duration	Purpose
Fund utilization Expense eligibility restricted to those expenses related to the mentioned project and in compliance with Unity Health Toronto Travel and Expense Policy.	Parent Project # Reference ID

Reporting

Type of Report	Details of Report	Responsibility	Timelines Freq. + Due Date
Narrative progress report	Progress report against initiatives undertaken and completed		
Expenditure Report	Report on funds expended		

Dr.
 Unity Health Toronto

Dr.
 Researcher
 Unity Health Toronto

For Unity Health Toronto Research Finance Only

UofT Program code – N/A

Original Funding Source:

Revenue account when transferring funds dr/cr: **5697003310 & 4122204110**