



Research Services Office Request for Transfer of Funds from Capital Health

Transfer Reference Number: _____ (will be assigned by Faculty Office)

Date:		
Principal Investigator: Full-time Continuing Academic Staff (unless authorized by Dean/Chair)		
Faculty/Department/Unit Name:		
Amount of Transfer: \$ _____		
Source of Funds: Capital Health		
Purpose: To cover projected salary and benefit expenditures (attached)		
Period covered: (m/d/y) _____ to _____		
For Deposit to: P/G # _____		
The Signatures below confirm: <ul style="list-style-type: none">• the transfer funds are unencumbered• your acceptance of the responsibility for the management and administration of funds in accordance with University of Alberta financial, audit and research policies• the funds will not be used for activities requiring certifications (human, animal, biohazards)		
Principal Investigator:		
Approval Signatures for Transfer		Print Name
Faculty Dean:		

NOTE: Completed form to be returned to Faculty Office for processing

Attachments: completed Capital Health Payment Requisition

cc: Research Services Office