



## Research Trust Account Application and Signing Authority Form

New Trust Account Application (All Sections)     Signing Authority Updates (Sections A & D only)

Account Number: \_\_\_\_\_

**Section A**

Principal Investigator:	_____	Department:	_____
Phone:	_____	E-mail Address:	_____
Contact:	_____	Office Location:	_____
Phone:	_____	E-mail Address:	_____

\* Please note financial statements will be distributed to contact person as indicated above.

**Section B**

Ethics Number:	_____	FAS Number:	_____
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**Section C**

Title of Account (max 20 characters): \_\_\_\_\_

Please attach a copy of the following:

Contract / Funding Letter       Budget / Payment Schedule

Sponsor: \_\_\_\_\_

Identify expenses related to account:

Payroll / Honorarium       Equipment Purchases       Other Expenses (specify): \_\_\_\_\_

Lab / Radiology       Materials & Supplies

Staff Travel & Education       Patient Reimbursements

**Section D**

THE UNDERSIGNED HEREBY AGREE THAT THEY WILL ABIDE BY THE POLICES AND PROCEDURES OF PROVIDENCE HEALTH CARE RESEARCH INSTITUTE TRUST THAT GOVERN THE OPERATION OF THE TRUST ACCOUNT.

### Signatures for Approval of New Trust Account and / or Trust Account Signing Authorities

Principal Investigator: Level 1: Up to \$5,000	_____	Signature	_____	Date:	_____
Designate: Level 1: Up to \$5,000	_____	Signature	_____	Date:	_____
Department Head: Level 2: \$5,001 to \$20,000	_____	Signature	_____	Date:	_____

<b>For PHCRI Office Use:</b>					
Approval by President: Level 3: Over \$20,000	_____	Signature	_____	Date:	_____
Approval by Finance Manager:	_____	Signature	_____	Date:	_____

PLEASE FORWARD TO:  
Bookkeeper, PHC Research Institute, 10th Floor Hornby  
1190 Hornby Street, Vancouver, BC V6Z 2K5