

### DEPOSIT FORM

December 8, 2023

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Account Name: |  | | | Account Number: | | 137 | |
| Cheque no: | | |  | Deposit: | | $ | CAD  USD |
| Source of Funds: | | |  | | | | |
| Principal Investigator: | | |  | | Department: | | |
| Contact: | | |  | | Phone: | | |
| REB Ethics H no: | | |  | | | | |
| Funding Description: Attach letters and/or invoices to explain payment | | | | | | | |
| Study Payment | | Other Description: | | | | | |
| Please forward to: | | Bookkeeper  Providence Research, Finance, 10th floor Hornby Building  St. Paul’s Hospital, 1081 Burrard St. Vancouver, BC V6Z 1Y6 | | | | | |

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| This Section for Office Use Only | | Entered: | |
| FAS no: |  | FAS 🞏 | |
|  | CAD | Foreign: | Rate: |
| Cheque Amount | $ |  | |
| Overhead - 1401002 | $ |  | |
| Net Deposit - 0461001 | $ |  | |