



# 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 RESEARCH 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	_____	_____	Date: _____
	Print Name	Signature	
Designate: Level 1: Up to \$5,000	_____	_____	Date: _____
	Print Name	Signature	
Department Head: Level 2: \$5,001 to \$20,000	_____	_____	Date: _____
	Print Name	Signature	

**For Providence Research Office Use:**

Approval by President: Level 3: Over \$20,000	_____	Date: _____
Approval by Finance Manager:	_____	Date: _____

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