

Health Research Services Internal Transfer Form

This form is to be used for moving funds between existing McMaster account holders. To open an account for this funding you must submit to HRS: a completed [HRS Account Request Form](#) (signed by your Chair), ethics approval certificates as applicable (HiREB, AREB, Biohazard), a copy of your award letter, application and budget (if applicable) and this completed HRS Internal Transfer Form

For Office Use:

Date Submitted to Health Research Services:

Proposal #:

Project #:

Source of Funds:

Original PI Name :

Department:

Original Sponsor of Funds:

Full Chartfield of Source Funds: *(this is where any residual funds will be credited at the end of the research project)*

Recipient of Funds:

Recipient Name:

Department:

Transfer Amount:

Start Date:

End Date:

Recipient Research Project Title:

Purpose of Funding: *(Describe the research activity to be supported with these funds)*

Funding Terms and Conditions:

Remaining funds will be returned to the Source Fund above at the end of the research project.

Specific Terms and Conditions: *(Describe how the funds may be used and any restrictions, e.g. research personnel, equipment, supplies, etc.)*

Research Accounts Policy: <https://research.mcmaster.ca/app/uploads/2019/06/Research-Accounts-Policy2.pdf>

- All transfer expenses must (1) comply with University policies and procedures, and (2) directly support the original purpose, terms and conditions of the award as noted above.
- Eligible expenses are normally, but not limited to, those allowed by the Federal Tri-Council Agencies.
- For other types of expenses to be considered, a direct link and benefit to the research must be clearly demonstrated by the project holder in order for the expense to be processed by the University.

Transferring PI Signature:

Recipient PI Signature:

Transferring PI Name:

Recipient PI Name:

Date:

Date: