Saskatchewan Health Authority

Research Expense Invoice

CIHR Funded Project

Invoice#:

Bill To:

Saskatchewan Health Authority - Research Department
Room M-704, Wascana Rehabilitation Centre
2180-23rd Avenue, Regina, Saskatchewan S4S 0A5
Email: ResearchContracts@saskhealthauthority.ca

Date:

Project Details	
Study	
Principal Investigator (PI) Name	
Grant Code / REB Number	

Payee Information	
Name	
Address	
Email	
Phone Number	
Payment Type	Please Select

Date	Expense	Form 300 Expense Category	QTY	Price	Total
		Please Select			0.00
		Please Select			0.00
		Please Select			0.00
		Please Select			0.00

Total Due: CAD 0.00

Principal Investigator (PI) Signature: