

Research Expense Invoice

SHRF Funded Project

Bill To:

Saskatchewan Health Authority - Research Department

Room M-704, Wascana Rehabilitation Centre

2180-23rd Avenue, Regina, Saskatchewan S4S 0A5

Email: ResearchContracts@saskhealthauthority.ca

Invoice#:

Date:

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

Payee Information	
Name	
Address	
Email	
Phone Number	
Payment Type	

Date	Expense	SHRF Expense Category	QTY	Price	Total

Total Due:

Principal Investigator (PI) Signature: