St. Michael's

Inspired Care.
Inspiring Science.

Payment Notification Form

Please fill in the following information if you are expecting to receive funds from a sponsor. This form will keep your RFA informed and will allow the research finance team to allocate the funds directly to your activity.

PI:	Date:/_/
Vendor Contact Information	
Vendor Company Name:	
Vendor Contact Name: Vendor E-mail:	
Research Staff Information	
Name:Email:	
Payment Information	
Amount to be received: Currency: Activity for Funds to Transfer into: 2 Invoice Number (if applicable):	
Description of Funds:	

Please also attach the invoice pertaining to this payment.