

KGH Research Restricted Account Agreement

I, _____(researcher/account holder), acknowledge by this Agreement, that I have read and agree to respect the hospital policies governing research, specifically KGH Policy 03-021 and KGH Policy 11-150.

I agree to follow those policies and procedures in respect to spending on my research fund[s].

I accept full responsibility for all expenses that I have authorized to be charged to my research fund[s].

I agree to follow all regulations found in the award guidelines provided by the granting agency that sponsors me and/or to abide by any contractual agreement supporting my research activities. I will only authorize expenses that are allowable by the guidelines and/or the agreements.

I relieve the hospital of any financial responsibility with respect to reimbursements for non-allowable expenses that my signing delegate or I could have authorized.

I agree to charge the appropriate expenses to the correct fund(s) at source, as no transfers are permitted unless an error has occurred. In that case, the transfer must be supported with a written explanation.

I acknowledge that I have obtained and maintained all necessary approvals/certifications (i.e. Hospital, HSREB, Animal Care, Biohazard, Radiation Safety, P&T) for the research to be carried out with funds from the Research Restricted Account;

I recognize that I am solely responsible for the deficit in my research account and that my research activities may be affected until such time that I have presented an acceptable proposal to the Vice President Health Sciences Research and Vice President & Chief Financial Officer on how to rectify the situation.

Researcher's/Account Holder's Signature

Date

Vice President Health Sciences Research

Date

Vice President & Chief Financial Officer

Date