** HRS Internal Transfer Form**

 *(This form is to be used for moving funds between existing account holders. To open an account for this funding you must submit to HRS: a completed* [*Account Request Form*](https://healthresearch.mcmaster.ca/app/uploads/2021/09/HRS-Account-Request-Form-Sep-2021-unsecured.pdf) *(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)*

**Date:** [insert date]

**Source of Funds**

**Original PI:** Dr. [insert]  **Department:** [insert]

**Original Sponsor of Funds:** [insert] e.g. CIHR

**Full Chartfield String for Source Funds:** [insert chartfield – specify where the transfer funds are coming from – this is where any residual funds will be credited at the end of the research project]

**Recipient of Funds**

**Recipient Name:** Dr. [insert] **Department:** [insert]

**Amount:** $[insert]

**Start Date:** [insert]

**End Date:** [insert]

**Recipient Research Title:** [insert]

**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 & Conditions**

**[insert specific Terms & Conditions -** Describe as applicable for subgrants, how the funds may be used, if allowed for specific expenses only and not for others, e.g. equipment, research personnel, materials and supplies, travel, 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.

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**Authorized signature - Transferring PI Dr. XXX Date**

**Authorization signature - Recipient PI Dr. YYY**  **Date**