



OFFICE OF RESEARCH

REQUEST FOR RESEARCH CONSULTING

Faculty member name: _____

Researcher department: _____

Date: _____

External sponsor: _____

Reference: _____

Time period: _____

Time claimed: _____

Details:

*Attach additional pages, if required

Amount of consulting: _____

HST (if applicable): _____

Total amount payable: _____

*Calculated automatically

Currency: _____

HST registration number: _____

Signature of claimant: