



Lupus Research Alliance
Payment/Administrative Information Form

NOTE: Payment cannot be made to your institution until this form is received

<p>Principal Investigator's Name, Degree, E-mail Address:</p>
<p>Title of Research Project:</p>
<p>Name of Sponsoring Institution:</p>
<p>Name, e-mail address and telephone number of administrative contact for this project:</p>
<p>TO BE COMPLETED BY INSTITUTION'S FINANCIAL OFFICER:</p>
<p>Name, title, telephone number, e-mail address and mailing address of individual responsible for submitting annual accounting reports and responsible for confirming payments for audit purposes: Must be an address where express packages can be delivered. (No PO Boxes)</p>
<p>Institutional Grant Account Number – if applicable</p>
<p>GRANT PAYMENTS</p>
<p>ACH/Electronic Payments – <i>preferred payment method</i></p> <ol style="list-style-type: none">1. Email address to where electronic notification of payments should be sent:2. Bank Name:3. Bank Address: 4. Bank Account Name:5. Bank Account Number:6. Account ACH ABA#:
<p>_____</p> <p>Financial Officer Signature/Title</p>