Lupus Research Alliance
Payment/Administrative Information Form

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

Principal Investigator's Name, Degree, E-mail Address:

Title of Research Project:

Name of Sponsoring Institution:

Name, e-mail address and telephone number of administrative contact for this project:

TO BE COMPLETED BY INSTITUTION'S FINANCIAL OFFICER:

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)

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Institutional Grant Account Number – if applicable

GRANT PAYMENTS

ACH/Electronic Payments – preferred payment method

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. **ACH/ABA #:**
7. **Wire/ABA #**

For international:
8. SWIFT/BIC #:
9.IBAN:

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Financial Officer Signature/Title