

Payment & Administrative Information Form

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

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| **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 (where express packages can be delivered, no PO boxes) of individual responsible for submitting annual financial reports and confirming payments for audit purposes:** |
| **Institutional Grant Account Number (if applicable):** |
| ***ACH/Electronic Payments* – *preferred payment method***1. **Email address for electronic notification of payments:**
2. **Bank Name:**
3. **Bank Address:**
4. **Bank Account Name:**
5. **Bank Account Number:**

 **For international:**1. **ACH/ABA #: 8. SWIFT/BIC #:**
2. **Wire/ABA #: 9. IBAN:**
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| **Financial Officer Signature/Title** |