## ONCOLOGY TRUST FUND

**Request for Funding**

*by Primary or Cross-Appointed Faculty members of the Department of Oncology*

See [http://oncology.queensu.ca/education/faculty_education/oncology_trust_fund](http://oncology.queensu.ca/education/faculty_education/oncology_trust_fund) for the Potential Uses plus Terms and Conditions of funds.

<table>
<thead>
<tr>
<th>Request date:</th>
<th>Requested by Faculty name:</th>
<th>Faculty role:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☐ Supervisor</td>
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</tbody>
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Contact Email: ___________________________ & phone #: ( ) ext. ______

### For trainee

Trainee(s) Name: ___________________________

Event details & date(s):

If research related, please indicate TRAC/DSS number: ________________

Ethics approval obtained? ☐ yes ☐ no ☐

### For visiting speaker

Name: ___________________________

Credentials/ web site: ___________________________

Arrive/ depart dates: ___________________________

Presentation topic: ___________________________

Planned event/intent: ☐ Grand Rounds ☐ Academic Half Day ☐ Other ___________________________

☐ Additional source(s) of funding are being sought? *

*Please note that final support from the OTF is contingent upon confirmed amount supported by other source(s)*

### Itemized list to support request:

(Use back or separate sheet, if required)

<table>
<thead>
<tr>
<th>Item (i.e. airfare, books, conference registration, etc.)</th>
<th>$ Amount</th>
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If travel to conference is to present poster/give a presentation, please include copy of notification of acceptance.

TOTAL AMOUNT REQUESTED: $

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Please submit requests to: Micheline McDonald (Micheline.mcdonald@kingstonhsc.ca) Burr 2, rm 21-2-073, **at least 4 weeks in advance**.

Requested by: ___________________________

Date: ___________________________

Signature(s): ___________________________

Approval: ___________________________

Date: ___________________________

Signature(s): ___________________________

Dr. James Biagi/Dr. Khaled Zaza

The amount of $ ____________________ has been approved.

Applicant has been advised by telephone ☐ or email ☐ on ___________________________ and will submit all documentation to substantiate the above-mentioned approved expenses to Micheline McDonald with 30 days to be processed for reimbursement.