

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

for the Potential Uses plus Terms and Conditions of funds.

Request date: _____ Requested by Faculty name: _____ Faculty role: Supervisor Program Director

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 indicate:* _____

***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)

Item (i.e. airfare, books, conference registration, etc.)

\$ Amount

If travel to conference is to present poster/give a presentation, please include copy of notification of acceptance.

TOTAL AMOUNT REQUESTED: \$		

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.