HRS ID:

|  |
| --- |
| REQUEST TO TRANSFER FUNDs FROM  TE WHATU ORA - SOUTHERN RESEARCH ACCOUNT |

* *Please transfer funds from the Te Whatu Ora - Southern Research Account identified below:*

|  |  |  |  |
| --- | --- | --- | --- |
| **From** | | | |
| Research Account Name: | |  | |
| Account Number: | **CF** | | |
| Amount to be transferred: | | **$** | **or transfer balance please** |
| Reason for Transfer of Funds: | |  | |
| *e.g. Reallocate RN hours TRIALX-Jan2021; EOFY Surplus to Group Account - TRIALX; ECG for ParticipantID-TRIALX* | | | |

|  |  |  |
| --- | --- | --- |
| **To** | | |
| Te Whatu Ora - SouthernAccount Name: | |  |
| Account Number: |  | |

|  |  |  |
| --- | --- | --- |
| **Authoriser details** | | |
| Authoriser: |  | |
| Signature: |  | |
| Email for return of form: | |  |

|  |
| --- |
| **Special instructions/comments** |
|  |
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|  |
|  |

⇨ *Please complete all the details above and forward to:*

**Te Whatu Ora - Southern Accounts & Finances**  [financialaccounting@southerndhb.govt.nz](mailto:financialaccounting@southerndhb.govt.nz)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **Transfer Completed By:** | |  | | |
| **Signature:** |  | | **Date:** |  |
|  | | | | |

⇨ *Please return form to:* [hrs@otago.ac.nz](mailto:hrs@otago.ac.nz)

For more information, please see the guidelines *“Managing Research Project Accounts and Research Group Accounts held by Southern District Health Board”*<https://www.otago.ac.nz/oms/otago672969.docx>.