

2021/2022 Summer Studentship Funders Form

Supervisor Information

First Supervisor's Name and Title: _____

Department - UOC &/or CDHB (if applicable): _____

Project Title (20 words MAXIMUM): _____

Otago or CDHB

UOC – GL/PL Account Code _____

CDHB - Purchase Order # _____

Funder Information:

Name of Funder (in full): _____

Have they Funded a project with UOC previously: Yes No

Address of Funder: _____

Name of Funding Approver: _____

Contact Details of Funding Approver: _____

Email for invoice: _____

Amount of Funding Approved: Fully funded at \$5,000 plus GST

Partially funded at \$_____ plus GST

Signature of Project Supervisor(s):	Date:
Signature of Funder(s):	Date: