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| REQUEST TO TRANSFER FUNDs FROM health nz SOUTHERN RESEARCH ACCOUNT |

* *Please transfer funds from the Health NZ Southern Research Account identified below:*

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| **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* |

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| **To** |
| Health NZ SouthernAccount Name: |  |
| Account Number: |  |

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| **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:*

 **Health NZ Southern Accounts & Finances**  financialaccounting@southerndhb.govt.nz

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

 ⇨ *Please return form to:* 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>.