

HARVARD PILGRIM HEALTH CARE, INC.
OFFICE OF SPONSORED PROGRAMS
REQUEST FOR TRANSFER OF **INDUSTRY FEES** TO
GENERAL PURPOSE FUND

Principal Investigator:	
Title of Project:	
Award/Project #:	
Sponsor:	
Industry Sponsor Fee full IDC	
Industry Sponsor Line Fee no IDC (Total actual expenses with backup)	
Request to move to	<input type="checkbox"/> Existing General-Purpose Account # <input type="checkbox"/> New General-Purpose Account

Please verify the following statements:

- No federal or state grant/contract funds were the source for this project.
- If any charges for this project are posted subsequent to this transfer, I will be responsible for their payment from my discretionary account(s).

x

Principal Investigator signature and date

Approvals:

Contract/Grants Manager

Director, OSP

Executive Director

Any additional notes if needed: