

Principal Investigator Income/Revenue Distribution

Research Services File: «File» **Sponsor:** «Sponsor»

Principal Investigator: «First_Name» «Last_Name»

Department: «Department» **Faculty:** «Faculty»

Agreement Start Date: _____ **Agreement End Date:** _____

Payment Type: Salary Top-Up: Salary Recovery/Release:

Payment Currency: \$CAD: \$USD: Other (specify): _____

Once form is fully executed you must fill out a Payroll One Time Payment Form found here:

<https://www.ucalgary.ca/finance/finance-forms>

Revenues received by the University are to be distributed as follows:

Time Period	Apr 1, 2018 – March 31, 2019	Apr 1, 2019 – March 31, 2020	Apr 1, 2020 – March 31, 2021	Total
Amount	\$1.00	\$1.00	\$1.00	\$3.00

ACCEPTED AND APPROVED.

Principal Investigator

Name: _____ Signature: _____ Date: _____

Department Head

Name: _____ Signature: _____ Date: _____

Dean

Name: _____ Signature: _____ Date: _____

Provost

Name: _____ Signature: _____ Date: _____

Please return a scan of the completed form to: «RS»