

**DEPARTMENT OF  
VETERANS AFFAIRS**

# Memorandum

Date:

From: Medical Center Service Provider:

Subj: Expense transfer from Medical Center Service Provider to Research Service

To: Research Service

Thru: Principal Investigator:

Please transfer expense:

From Medical Center Service Provider Fund Control Point:  
*(use a separate memorandum for each provider)*

To Research Service Fund Control Point:

| Study Identifier(s): |              |                    |
|----------------------|--------------|--------------------|
| Invoice Number       | Service Date | Total              |
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|                      |              |                    |
|                      |              | <b>Grand Total</b> |
|                      |              |                    |

Attachments: Invoice detail with Principal Investigator signature