

Department Payment Form

Please email completed Department Payment forms to UHCRCGrantsAccounting@UHhospitals.org for processing.

An email confirmation will be sent to you and UH Research Credentialing upon receipt.

Research Credentialing Applicant Information

First Name: _____ Last Name: _____
 Phone Number: _____ Email: _____
 Initial Application (\$150.00): Renewal Application (\$100.00):
 UH Department: _____

Account Payment Options

Please select one payment option below:

General Ledger Account to Charge Research Credentialing

 Entity Org Unit Natural Acct: Location Project: Source Serv. Unit: I/C: Future: AR Site:
 Finance Manager Signature _____
 Finance Manager Name (Printed) _____ Date: _____

PTAEO Account to Charge Research Credentialing

 Project: Task: Award: Expend Type: Org. Unit: Expenditure Date:
 Grant Manager Signature _____
 Grant Manager Name (Printed) _____ Date: _____
 Principal Investigator Signature _____
 Principal Investigator Name (Printed) _____ Date: _____

CWRU Account

Speedtype: _____
 Grant Manager Signature _____
 Grant Manager Name (Printed) _____ Date: _____
 Principal Investigator Signature _____
 Principal Investigator Name (Printed) _____ Date: _____

Form Completed By

First and Last Name: _____ Date: _____
 Phone Number: _____ Email Address: _____