

**Harvard Medical School
Affiliate Agreements -- Web Voucher Payment Approval Form**

To process web vouchers for Harvard Medical School Affiliate agreements, please submit this cover sheet to signify the main Account Principal Investigator's approval of charges. All supporting documentation must be attached to this form.

Route this form to the Principal Investigator and return fully completed and signed form to:

Harvard Medical School
OSP/Financial Services
25 Shattuck Street, Suite 316
Boston, MA 02115

Web voucher #:

Grant # :

Account string: - - - - - -

Primary Investigator:

Department name:

Organization #:

If the requesting institution is different than above, please add the following information.

Institution name:

Project Director:

Approval of expenditures for payment

Requestor name:

Telephone:

Requestor signature

Date

PI name (prime-managing department):

Telephone:

PI signature

Date

OFFICE OF SPONSORED PROGRAMS USE ONLY

OSP approval stamp

Date