**Research Dissemination Reimbursement Form**

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| **Research title** | |  | | | | | | | | | |  | |
| **LPI Name** | |  | | | | | | | | | |
| **Organization** | |  | | | | | | | | | | | |
| **IRB/RSC Ref No.** | |  | | **IRB/RSC Approval date** | | | | | |  | | | |
| **Research team member** | | | | | | | | | | | | | |
| **Name** | |  | | | | | | **QID #** | | |  | | |
| **Organization** | |  | | | | | | | | | | | |
| **Corp. #** | |  | | | | **Grade** | |  | | | | | |
| **Nationality** | | **Qatari □ Non-Qatari □** | | | | | | | | | | | |
| **HR/HMC law** | | **HR law □ HMC law □** | | | | | | | | | | | |
| **Role** | |  | | | | | | | | | | | |
| **Bank name** | |  | | | **IBAN** | |  | | | | | | |
| **Type of Research Dissemination** | **Invoice Number** | | **Invoice Date** | **Invoice Details** | | | | | **Paid To** | | | | **Amount** |
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| **Total** | | | | | | | | | | | | |  |

**\*PI must fill all information according to the approved budget from Research Budget Working Group.**

**Requested by (Claimant name and signature):**

**Lead Principal investigator (Name of the PI and signature):**

**Date:**