**Project time sheet template for PHCC staff reimbursements**

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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** |  | | | | | | | | | | |
| **Work hours** | | | | | | | | | | | |
| **Period (Date)** | | | **Daily attendance** | | | | **Payment details** | | | | |
| **From** | **To** | | **Sign in** | **Sign out** | | | **Days** | | | **Rate** | **Total** |
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| **TOTAL AMOUNT** | | | | | | | | | | |  |
| * **Claimant must fill all information according to the approved budget from Research Budget Subcommittee.** * **Please attach a Bank Certificate issued by Claimant’s bank.** * **Working time per on day is 8 work hours.** * **If the PI is claiming for themselves, their manager’s approval is required.** | | | | | | | | | | | |

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| **Claimant** | | **LPI** | | **Line manager/direct supervisor** | |
|  | |  | |  | |
| **Date** |  | **Date** |  | **Date** |  |