

|  |  |
| --- | --- |
| **Sponsor:** | **Study Title:** |

**(X) I declare that the following professionals/persons have completed the job assigned to them in the study.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Serial No. | Name | Assigned Task | QID | Number of working days | Period (month/year) | **Total Entitlement** | | | |
| Compensation | Transport allowance | Mobile allowance | Total |
| 1 |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |

**Lead Principal Investigator (Name of the PI of the research study):**

**Date:**

**Signature (PI signature):**