**Personal Reward Form**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Research title** |  | | | | | | | | | |  |
| **LPI Name** |  | | | | | | | | | |
| **Organization** |  | | | | | | | | | | |
| **IRB/RSC Ref No.** |  | | | **IRB/RSC Approval date** | | | | |  | | |
| **Project number of budget section** | | |  | | | | | | | | |
| **Research team member** | | | | | | | | | | | |
| **Name** |  | | | | | | | **QID #** | |  | |
| **Organization** |  | | | | | | | | | | |
| **Corp. #** |  | | | | | **Grade** | |  | | | |
| **Nationality** | **Qatari □ Non-Qatari □** | | | | | | | | | | |
| **HR/HMC law** | **HR law □ HMC law □** | | | | | | | | | | |
| **Role** |  | | | | | | | | | | |
| **Bank name** |  | | | | **IBAN** | |  | | | | |
| **Personal Rewards** | | | | | | | | | | | |
| **No. of days** | **Cost per day** | **Total** | | **Remarks** | | | | | | | |
|  |  |  | |  | | | | | | | |
| **Allowances** | | | | | | | | | | | |
| **Allowance** | **No. of days** | **Rate per day** | | **Amount** | | | | **Remarks** | | | |
| **Transportation** |  |  | |  | | | |  | | | |
| **Mobile** |  |  | |  | | | |  | | | |
| **Total** | | | |  | | | |  | | | |
| **GRAND TOTAL (personal rewards + allowances)** | | | |  | | | |
| * **claimant must fill all information according to the approved budget from Research Budget Working Group.** * **Working time per one day is 8 work hours.** * **The cost paid for transportation allowance will be QAR 40 per day (fixed rate). Invoices are required for reimbursement.** * **The cost paid for mobile allowance will be QAR 10 per day (fixed rate). Any additional communication/mobile costs for any research purposes in excess of this estimate shall be approved by the RBWG. Invoices are required for reimbursement.** | | | | | | | | | | | |

**Requested by (Name of Claimant):**

**Lead Principal investigator (Name of LPI):**

**Date:**