

## Billing Agreement for Trainee Appointment to T32 Training Grant

UC Health - University Hospital  
234 Goodman St., ML 0796  
Cincinnati, Ohio 45219-2316



University of Cincinnati  
University Hall, Suite 530  
51 Goodman Drive, PO Box 210222  
Cincinnati, Ohio 45221-0222

NIH Award #:	<input type="text"/>	CFDA #:	<input type="text"/>	SAP Grant #:	<input type="text"/>		
Program Director:	<input type="text"/>	Trainee Name:	<input type="text"/>				
Appointment Period: From:	<input type="text"/>	To:	<input type="text"/>	Prime Budget Period: From:	<input type="text"/>	To:	<input type="text"/>
Term of this agreement: From:		<input type="text"/>	To:	<input type="text"/>			

Check this box if this agreement replaces a previously executed agreement.

Date of final signature of previous agreement:

at **UC Health - University Hospital** has been appointed as a trainee under the above referenced grant awarded to **The University of Cincinnati** under the terms and conditions of the NIH Grants Policy Statement and the "Guidelines for Institutional Training Grants" (NIH #PA-11-184).

Research trainees are expected to devote full time to the proposed research training. Full-time is generally defined as devoting at least 40 hours per week to the program or as specified by the sponsoring institution in accordance with its own policies. In order to fulfill the full-time requirement, trainees who also are training as clinicians must confine clinical duties to those that are an integral part of the research training experience.

will participate in the training program during the appointment period identified above in accordance with the attached Statement of Appointment (PHS 2271). This letter authorizes **UC Health - University Hospital** to invoice **The University of Cincinnati** for reimbursement of allowable expenses as follows:

Stipend:	<input type="text"/>
Tuition/Fees:	<input type="text"/>
Travel:	<input type="text"/>
Training Related Expenses	<input type="text"/>
<b>Total Costs:</b>	<input type="text"/>

Trainee stipend will be reimbursed based on current appointment periods. However, all other trainee costs (tuition/fees, travel, training related expenses) must be incurred within the corresponding budget period. **Invoices must be itemized by trainee name and must be sent, at least quarterly, to the attention of:**

UC Dept. Administrator:  UC Dept:  Email:

Street Address:  Cincinnati, Ohio

Please reference the Purchase Order # on all invoices. The PO amount will reflect amounts due for each budget period. Final invoices are due 45 days after the budget period end date.

Any changes in the above terms will be made in writing by an authorized Institutional Official for the University of Cincinnati. Please indicate your acceptance of this letter agreement by obtaining your authorized Institutional Signature on the line below and returning one copy of this letter to:  at [ospaward@uc.edu](mailto:ospaward@uc.edu).

\_\_\_\_\_  
Authorized Official  
UC Health - University Hospital

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mary Ucci, Director SRS Grants Division  
University of Cincinnati

\_\_\_\_\_  
Date