

Billing Agreement for Trainee Appointment

Cincinnati Children's Hospital Medical Center
3333 Burnet Avenue, ML 7030 Cincinnati,
Ohio 45229-3039

University of Cincinnati
51 Goodman Drive, Suite 530
Cincinnati, Ohio 45221-0222

NIH Award:

CFDA#:

SAP Grant #:

Program Director:

Trainee Name:

**Appointment
Period:**

From:

To:

**Budget
Period:**

From:

To:

Term of this agreement: From:

To:

_____ at **Cincinnati Children's Hospital Medical Center**, has been appointed as a trainee under the above referenced grant awarded to **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 **Cincinnati Children's Hospital Medical Center** to invoice **University of Cincinnati** for reimbursement of allowable expenses as follows:

Stipend:
Tuition/Fees:
Travel:
Training Related Expenses:
Total Costs:

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.

Authorized Official
Cincinnati Children's Hospital Medical
Center

Date

David S. Gearing, Sr., MHA
Director, Grants and Contracts

Date