## Billing Agreement for Trainee Appointment to VA merit Award

**VA Merit Award:** App#: Project ID #: **Trainee Name: Program Director: Appointment** Budget From: From: To: To: Period: Period: at the University of Cincinnati, has been appointed as a trainee under the above referenced grant awarded to Department of VA Medical Center under the terms and conditions of the VA Merit Award. Research trainees are expected to devote full time to the proposed research training. As a research trainee will devote 100% of his graduate assistanceship to the project . 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 This letter authorizes the University of Cincinnati to invoice Department of VA Medical Center for reimbursement of allowable expenses as follows: Salary: Fringe Benefits: **Total Costs:** Trainee salary will be reimbursed based on current appointment periods. Usual salary and fringe benefit increases per university policy will be reequested Invoices must be itemized by trainee name and must be sent, at least quarterly, to the attention of: E-mail Depart. of VA Med Center Director Street Address: 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 Department of VA Medical Center. 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: SRS at ospaward@uc.edu.

Date

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