



Study budget

DATE:	
NAME OF RESEARCH PROJECT:	
SSA Number:	
TRIAL SPONSOR OR FUNDING BODY:	

INCOME <small>List all listed items as per CTRA</small>	Paypoint / Hours / Other	Amount \$	Paid by Sponsor Y or N	In-Kind Y or N	Notes
Start-up Fee					
HREC Fee					
SSA Fee					
Study Close Out Fee					
Archiving Fee					
Pharmacy Establishment Fee					
Pharmacy Admin Fee					
Pharmacy Annual Storage Fee					
Pharmacy Close Out Fee					
Screened Charts Fee					
Medical Imaging					
Pathology Fee					
Radiology Fee					
Travel Fee					
Patient Reimbursement Fee					
Per Patient Payment	patients @ \$				
Other (Please list)					
Grant Payment					
TOTAL INCOME		\$0.00			

EXPENSES	Paypoint / Hours / Other	Amount \$	Paid by Sponsor Y or N	In-Kind Y or N	Notes
Non-labour:					
Include all listed items as per CTRA					
Start-up Fee					
HREC Fee					
SSA Fee					
Study Close Out Fee					
Archiving Fee					
Pharmacy Establishment Fee					
Pharmacy Annual Admin Fee					
Pharmacy Annual Storage Fee					
Pharmacy Close Out Fee					
Screened Charts Fee					
Medical Imaging					
Pathology Fee					
Radiology Fee					
Travel Fee					
Patient Reimbursement Fee					
Equipment					
Dissemination of Study Findings					
Conference Registrations					
Open Access journal Publishing Fees					
Other Fees (please specify)					
Labour:					
Principal Investigator					
Associate Investigator					
Research Trial Coordinator					
Research Nurse					
Other Labour (please specify)					
Total In-kind Expenses					
TOTAL EXPENSES (Excluding In-kind)		\$0.00			
INCOME - EXPENSES (+ Surplus / - Deficit)		\$0.00			