



### CanVECTOR Patient Partner Compensation Request Form

Name:

Submission Period (click one):

January 1<sup>st</sup> through March 31<sup>st</sup>

July 1<sup>st</sup> through September 30<sup>th</sup>

April 1<sup>st</sup> through June 30<sup>th</sup>

October 1<sup>st</sup> through December 31<sup>st</sup>

Compensation Method (click one):

Payment by EFT preferred

Payment by cheque preferred

Home address (for mailing):

#### Compensation Activities

Project	Date(s)	PI or Contact	Hours	Network Activity or Project Activity*	Description†

\*A project activity relates to a CanVECTOR study or project. This includes projects that are still in the grant phase (e.g. letters of support for grant applications). Network activities include all Patient Partner Council meetings, Scientific Steering Committee meetings, and annual conference planning activities.

†Include names of meetings/documents, and other descriptors that will help PIs account for the cost in their budgets, as appropriate.

Submission date:

**Confirmation: By submitting this form electronically, you confirm that the above information is true and correct, to the best of your knowledge.**

Please submit completed forms to [info@canvector.ca](mailto:info@canvector.ca)