

APPROVAL JOB NO: ...../...../.....

## REQUEST FOR EXPENDITURE FROM CLINICAL TRIAL ACCOUNTS

### Quick Guide

#### SECTION A: TO BE COMPLETED BY THE APPLICANT

#### SECTION B: NON-PAY EXPENDITURE

- Staff attendance at research conference
- Staff attendance at training courses relevant to research
- Publication costs (research related)
- Research costs NNUH
- Research costs external

#### SECTION C: NON-PAY EXPENDITURE

- Equipment
- Use of NNUH research facilities

#### SECTION D: Pay / salaries

- Research nurses; other research delivery staff
- Other NNUH research staff
- Research staff in other organisations

#### SECTION E: PAs

#### SECTION F: For use by R&D only

#### SECTION G: For use by Finance only

## SECTION A: TO BE COMPLETED BY THE APPLICANT

### **Clinical Trial Account No. & Title:**

Budget Holder/Authorised signatory Name:

Budget Holder/Authorised signatory Signature:

Request amount:

Purpose of request:

***If the payment needs to be payable to a budget holder, an alternative budget holder will be required to sign the request.***

All requests should be made in advance of expenditure being incurred.

Complete 'Clinical Trial Account No. & Title', 'Request amount' and 'Purpose of request' in Section A (above); then send (along with any supporting information e.g. a quote) to [Research.Finance@nnuh.nhs.uk](mailto:Research.Finance@nnuh.nhs.uk). Research Finance will obtain the necessary authorisations for Section A and Sections B, C, D or E.

*Staff attendance at research conferences; Staff attendance at training courses relevant to research; Publication costs (research related)*

**Reimbursements:** Staff members will need to reclaim reimbursement for approved expenditure through the Assure Expenses system. All receipts must be included in the Assure claim submission. Please include the commitment number in the Assure claim submission.

We cannot make bank payments to non-staff members. For reimbursement of non-staff members, once the commitment has been approved, a manual payment form (Accounts Payable – Payment Request Form) will need to be completed and the individual will be sent a cheque. Please contact [Research.finance@nnuh.nhs.uk](mailto:Research.finance@nnuh.nhs.uk) for a blank form and return completed forms to [Research.finance@nnuh.nhs.uk](mailto:Research.finance@nnuh.nhs.uk) to obtain the signatures needed. Fully signed forms will be submitted to [NNUHACI@nnuh.nhs.uk](mailto:NNUHACI@nnuh.nhs.uk)

**Training requests:** All course details must be included in Section A.

**Research study costs:** additional signatures are required (see below)

**Research study costs – internal** *Provide a short protocol for the study and an estimate and justification of the anticipated costs including why external funding is not available.*

**Use of NNUH research facilities:**

**AUTHORISATION (Department Operations Manager)**

Name .....

Signature .....

Date:.....

**Research study costs – external** *Provide a short protocol for the planned study and an estimate of the anticipated costs, including a justification of why external funding is not available. Before any work proceeds with external organisations, a formal agreement covering the planned work will be required between NNUH and the external organisation which should include an up-to-date quote for the services to be provided. For procurement purposes, an external supplier will need to be an approved NNUH supplier, and an approved Purchase Order must be in place before any work is undertaken.*

**Contract (external) research services:**

**AUTHORISATION (Research Services Manager)**

Signature .....

Date:.....

## SECTION C: NON-PAY EXPENDITURE

**Equipment:** Please ensure Section A includes a concise description of the intended research purpose and justification that the equipment will be predominantly used for research. Product and supplier details must be included.

Equipment must not be ordered before full approval has been obtained. The approval job number should then be quoted on the Purchase Order request when ordering via the Procurement System (EP2P). Standing Financial Instructions (Trust Document ID: 1016) should be followed.

### **Equipment:**

#### **AUTHORISATION (Clinical Engineering/IT)**

Signature.....

Date:.....

#### **(If Purchase Greater Than £5,000) Capital:**

#### **AUTHORISATION (Capital/Strategic Investment – e.g. Finance Business Partner for Strategic Investment)**

Signature.....

Date:.....

### **Use of NNUH research facilities:**

#### **AUTHORISATION (Department Operations Manager)**

Signature.....

Date:.....

## SECTION D: PAY – SALARIES

Make sure a description of the purpose of the staffing is included in Section A.

**i) research nurses or research delivery staff**

**AUTHORISATION (Lead Research Nurse for Strategic Partnerships and Commercial)**

Signature.....

Date:.....

**ii) other NNUH research staff**

**AUTHORISATION (Department Operations Manager)**

Signature.....

Date:.....

**iii) research staff in other organisations**

**AUTHORISATION (Medical Director or Associate Medical Director for Research)**

Signature.....

Date:.....

## SECTION E: SALARIES – PAs

Make sure a description of the purpose of the PAs is included in Section A.

<mailto:research.finance@nnuh.nhs.uk>

**i) capacity building\***

**ii) ad-hoc\***

*\*Refer to Guidance on Approved Use of Research Accounts (Trust Document ID: 16896)*

**AUTHORISATION (Medical Director or Associate Medical Director for Research)**

Signature.....

Date:.....

**AUTHORISATION (Departmental Operations Manager)**

Signature.....

Date:.....

**AUTHORISATION (Departmental Service Director)**

Signature.....

Date:.....

**SECTION F: R&D DEPARTMENT:**

**TO BE COMPLETED BY DIRECTOR OF RESEARCH OPERATIONS OR RESEARCH SERVICES MANAGER**

**AUTHORISATION (R&D)**

Signature.....

Date:.....

**SECTION G: FINANCE**

**TO BE COMPLETED BY FINANCE**

Balance Available: £.....

**Cost Centre.....**

**AUTHORISATION**

Signature.....

Date:.....