

The Graduate Student Funding Form 1C may be used by supervisors to provide support to students for the cost of thesis binding.

Support to be provided for: (to be completed by Supervisor)

Student Name: _____ Program: _____ MA/MSc _____ PhD _____

Student Number: _____ (required) Email Address: _____

1. **Graduate Thesis Binding Support:** Binding Charges: \$ _____ (see invoice attached)

Date of Binding: _____

Charging Account(s) # _____ & # _____ (if required)

Name of Supervisor (s) _____ & _____ (if required)

Signature of Accountholder: _____ Date: _____

I certify this expense is eligible as set out in the budget I have submitted as part of the research grant and that there are sufficient funds available.

Signature of 2nd Accountholder: (if required) _____ Date: _____

I certify this expense is eligible as set out in the budget I have submitted as part of the research grant and that there are sufficient funds available.

All payments to students from research accounts are subject to authorization from the Research Accounting Office.

Signature of Research Accounting Officer: _____ Date: _____