



THOMPSON RIVERS UNIVERSITY

Finance Division  
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# Transfer of Professional Allowance Funds to Dean for Hiring of Research Assistants

Faculty or School: \_\_\_\_\_

Name of Faculty Member: \_\_\_\_\_

Professional GL Code:

Fund	Org	Account	Program	Activity	Location
-	-	-	-	-	-

Divisional GL Code:

Fund	Org	Account	Program	Activity	Location
-	-	-	-	-	-

Amount to be Transferred: \$ \_\_\_\_\_

Number of Hours	
Hourly Rate (per Collective Agreement)	
Total Wages	
Benefits at 15%	
<b>Total Cost</b>	

Signed by Faculty Member:

Dated:

\_\_\_\_\_

\_\_\_\_\_

Signed by Chair:

Dated:

\_\_\_\_\_

\_\_\_\_\_

Signed by Dean:

Dated:

\_\_\_\_\_

\_\_\_\_\_

PRR # \_\_\_\_\_

Please reference agreement between TRU and TRUFA.