PNRC
PEDIATRIC NEPHROLOGY RESEARCH CONSORTIUM

Reimbursement Banking Information

Your Name (F & L)		
Reason for Reimbursement		
Project Duration (dates)		
Are we to pay you personally? (Yes or No)	YES ☐ NO ☐	
If we are paying an organization or entity <u>other than</u> the individual named above, enter the name of the entity to be paid.		
Postal address of entity receiving funds		
Telephone of entity receiving funds		
Your Email		
Bank account details	Name of Bank	
	Address for Bank	
	Telephone # for bank	
	Name of Account to which funds will be submitted	
	ABA/Routing Number for entity	

Reimbursement Banking Information

	receiving funds	
	Account Number for account receiving funds	
	IBAN (leave blank if not applicable)	
	International SWIFT (leave blank if not international)	
Payment Notifications - if we are to notify when payment has been made, please complete – otherwise leave blank	Name and Email to whom notification should be sent	

Signed	
Date	

Please return this form to admin@pnrconsortium.org Please attach applicable receipts.

Note: If you are an independent contractor with the PNRC taxes will NOT be taken from payment. You will receive a 1099 after years end.