



AUTHORIZATION & INTERDEPARTMENTAL FUNDS TRANSFER FORM

Supervisor or Principal Investigator (PI) to complete:

My student/employee may have one or more of the following occupational exposure risks:

- Exposure to Human Blood/Body Fluids/Tissues/Cell lines (specify): _____
- Exposure to Animal Blood/Fluids/Tissues (specify): _____
- Other (specify): _____

Interdepartmental Funds Transfer Authorization

I authorize the charge for immunization/serology fees associated with appropriate vaccination related to exposure risk. I recognize that immunization fees, provincial eligibility and schedules are subject to change.

Questions pertaining to recommended immunizations/serology should be directed to the Occupational Health Nurse, Staff Wellness.

GL Account to be charged:								
GL Unit	Account	Fund	Dept	Program	PC Bus Unit	Project	Activity	Internal (if applicable)
Budget Owner (or Delegate) Name:						Phone:		
Budget Owner (or Delegate) Signature:								

Supervisor or Principal Investigator (PI) Information:

Last Name: _____ First Name: _____
 E-mail: _____ Phone: _____ Fax: _____

Campus Mailing Address: _____

Submit this form and Hazard Assessment and Control Form (HACF) to the Occupational Health Nurse, Staff Wellness (Math Science, Room 279)