A form of commitment to pay the fees of project consultants and Co-Investigators

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Co-Investigator/Consultant: |  | ……………………………………………………… | |
| Total Amount Paid: (\_\_\_\_\_\_\_\_\_\_\_\_), |  | Written: | …………………………………………….. |
| Project ID Number: S-144 -( ) |  |  | |
| Project Title: |  |  | |
| Type of Contribution: |  |  | |
| ID No.: |  |  | |
|  |  |  | |
| Date: |  |  | |
| Signature: |  |  | |

I am the Primary Investigator for the funded research project number: S- 144 -( ), entitled: (…………………………………………………………………………………….),

By signing below, I hereby confirm that I am obligated to pay the full amount to the aforementioned participant promptly following the completion of the project and reception of the final payment.

|  |  |
| --- | --- |
| Name of the Primary Investigator: |  |
| Signature: |  |