

Request for Account Information

Account information is required for all projects which may incur costs using Shared Health Facilities/Services

Complete and return this form via email to SHResearch@sharedhealthmb.ca

SH Reference Number: _____

Protocol Title: _____

Account Type: ☐ U of M ☐ SH/WRHA ☐ Other: _____ ☐ No Funding

Account Details:

U of M Accounts:

FOAP Number: _____ **and** PO or Contract Number: _____

SH/WRHA Accounts:

Site: _____
Account Name: _____
Account Administrator: _____
Special Purpose Account / Cost Centre: _____ Expense Code: _____

Other Accounts:

Billing Account Number: _____
Additional Instructions: _____

No Funding

If there is no funding and costs for items such as staffing, supplies, etc. will be covered by the department, complete the section below and provide a letter of support signed by the person responsible for the funds of that department.

Department: _____
Account Manager: _____

Complete the following if the Billing Contact Information has changed:

NEW Billing Contact Information:

Primary Contact: _____ Email: _____
Address: _____
Additional Contact: _____ Email: _____

To process invoices the following information is required.

University of Manitoba Accounts

A U of M FOAP number along with a PO or Contract number are required.

A U of M PO or Contract number will be required with the vendor listed as Shared Health and be applicable for all services provided under Shared Health. Note that U of M PO numbers expire on March 31st of each year. Therefore, ensure you have a valid PO for the current fiscal year for all open projects.

Account number adjustments will not be made after issuing invoices. Copies of the documentation will be sent to U of M Supplier Payment Services as well as the project billing contact(s).

SH/WRHA Accounts (Shared Health, Health Sciences Center, St. Boniface Hospital, etc.)

SH/WRHA requires an Account Name, Special Purpose Account / Cost Centre number and Expense Code.

SH/WRHA payments will be made via Journal Entry. Copies of the documentation will be sent to the project billing contact(s).

For information regarding Shared Health Finance or to download a copy of the [application form](#), visit their [website](#).