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| **Note:**   * Only the **original signed copy** of this form will be processed. Photocopies, scanned copies, forms with electronic or unauthorised signatures will not be processed. * Each **National Research Foundation (NRF)** postdoctoral fellowship allocated includes a RESEARCH ALLOWANCE as follows:   + NRF Free-standing – R45 000   + NRF Innovation – R50 000   + NRF Scarce Skills – R50 000   + NRF-TWAS – R50 000 * **In addition, the NRF requires an institution contribution of R15 000 to each Postdoctoral Research Fellow under the above fellowships**. * **The Principal Investigator named below in No. 1**, undertakes to receive, monitor and disburse the funds to **the PDRF named below in No. 2**, in respect of running costs, field work and/or conference travel, and that all such expenditure will be properly recorded and quotations, invoices, receipts and other related documentation be retained for auditing purposes. * This Form PG026 must be completed and signed and then forwarded to the Postdoctoral Administrator in the Postgraduate Centre & Funding Office. The funds will then be transferred to the PI’s research fund, as indicated in No. 1 below. * A copy of this form, duly completed and signed and a copy of the Journal Entry will be retained by the Postgraduate Centre & Funding Office, as well as by the PDRF’s Principal Investigator. |

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| **1. PRINCIPAL INVESTIGATOR/FUND HOLDER DETAILS  - to be completed and signed by the PDRF’s Principal Investigator** | | | | | | | | | | | | |
| Title: (Ms, Mr, Dr, Prof) | |  | | Name |  | | | | Surname | |  | |
| Faculty |  | | | | Department | | |  | | | | |
| Institution Contribution Value | | | **R 15 000** | | | | | |  | | | |
| Research Costs Value | | | R | | | Fund No: |  | | Cost centre No: | | |  |
| I confirm that I undertake to receive, monitor and disburse the funds to **the PDRF named below in No. 2 below**, in respect of running costs and/or conference travel, and that all such expenditure will be properly recorded and quotations, invoices, receipts and other related documentation be retained for auditing purposes. | | | | | | | | | | | | |
| Signature  (Principal Investigator) | | |  | | | | | | Date |  | | |
| **Note:**   1. Electronic signatures will not be accepted. 2. Only the Head of Department may sign in place of the Principal Investigator/Fund-Holder. | | | | | | | | | | | | |

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| **2. POSTDOCTORAL RESEARCH FELLOW DETAILS** **- to be completed by and signed by the Postdoctoral Research Fellow** | | | | |
| Name |  | Surname | |  |
| PDRF Number |  | ID / Passport Number | |  |
| I understand that I am fully responsible for the expenditure of this NRF Research Allowance and Institution Contribution and undertake to hand to my Principle Investigator, as named in No. 1 above, all relevant quotations, receipts and other documentation pertaining to the expenditure of this allowance for retention for auditing purposes. | | | | |
| Signature |  | | Date |  |

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| **3. POSTGRADUATE CENTRE & FUNDING OFFICE** | | |
| I, |  | confirm that the above funds have been transferred to Fund Number stated above |
| A copy of the Journal Entry is attached. | | |
| Date |  |  |