**PATHOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND PART C – Signature of Finance/Administrative Officer**

# INTERNATIONAL COLLABORATIVE AWARD

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### CANDIDATE’S NAME

**(In full, surname first)**

Please upload this document as part of your International Collaborative grant application

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**1 . Name of Finance/Administrative Officer of institution responsible for the budget:**

**Address:**

 **Tel:**

 **Fax: e-mail:**

 **Signature: Date:**