LSU HEALTH SCIENCES CENTER – NEW ORLEANS

SCHOOL OF MEDICINE

CORE VOUCHER REQUEST

Maximum support: $10,000 | Approval required before work begins

Investigator	
Title / Department	
Email / Phone	
Department Head/Chair	
Shared Resource/Core	
Core Director/Designee	

PROJECT AND FUNDING PLAN

Project title	
Specific Core service(s) requested	
Justification for analysis (generate preliminary data or achieve a milestone needed for an extramural grant application)	
Anticipated funding agency/mechanism	
Target submission date	
Estimated Core cost	$
Voucher amount requested	$

ELIGIBILITY AND REQUIRED DOCUMENTATION

Check each item and attach required documentation:

☐ Investigator lacks sufficient available research funds to support the proposed Core services.

☐ Requested services are not already budgeted or otherwise supported for the same project activities.

☐ Department Head/Chair endorsement attached.

☐ Mentor/scientific advisor documentation attached.

☐ Core estimate/quotation attached.

☐ Core confirms technical feasibility and ability to perform the requested work.

INVESTIGATOR CERTIFICATION

I certify that the information provided is accurate; voucher funds will be used only for approved Core services; I will notify the Core and Office of Research of project withdrawal or material scope changes; and I am expected to submit a related extramural funding application within 12 months after completion of the approved Core services and report the funding outcome.

Investigator signature / Date	
Core Director/Designee signature / Date	
Department Head/Chair signature / Date	

OFFICE OF RESEARCH / DEAN'S OFFICE USE

Eligibility confirmed	☐ Yes ☐ No
Departmental voucher balance available	☐ Yes ☐ No
Approved voucher amount	$
Approval	☐ Approved ☐ Not Approved
Conditions / Comments	
Authorized by / Date	
Voucher expiration date	