SUBJECT PAYMENT FORM

Payment Receipt Number: / / 001

Study's PGID # Custodian’s Employee ID # Form Sequence #

Short Study Title: ________________________________

IRB Number: ________________________________

Principal Investigator: ________________________________

Department: ________________________________

Visit or Payment Event:

Payment Type: □ Cash □ HSC - Debit Card □ Gift Item □ Sponsor Debit Card □ Sponsor Gift Card □ Sponsor Gift

Cash Value or Number of Gift Items: ________________________________

Serial Number or Sequence Number of the HSC - Debit Card or Gift Item: ________________________________

Name or Subject Study ID: ________________________________

Vendor Number or Vendor/Payee Setup Form Attached:

Payee Signature: (the research participant) ________________________________ Date: ________________________________

Custodian or Payor Signature: (the person providing the payment) ________________________________ Date: ________________________________

1. The Subject Payment Form number is assigned by the custodian. The elements of the 3 part number are the study’s PGID number + Custodian’s Employee ID Number + a sequence number for the form, i.e. 001, 002, 003, etc.

2. If payments to this study participant are greater than $500 per calendar year a Vendor Number is required; if the subject is not a Vendor/Payee in PeopleSoft the person making the payment (the custodian or payor) must complete and attach a Vendor/Payee Setup Form.

All Subject Payment Forms and required documentation must be retained by the Custodian. For cash payments the original is attached to the Petty Cash Reimbursement Request submitted to the Bursar’s Office and a copy is retained by the Custodian.

For Office Use Only

The Custodian signature is required only if a Payor provided the payment.
A Witness signature is required only if the Custodian provided the payment.

Custodian Signature: ________________________________ Date: ________________________________

OR

Witness Signature: ________________________________ Date: ________________________________