SUBJECT PAYMENTS SCHEDULE

SHORT STUDY TITLE: _____ **MAX. # STUDY PARTICIPANTS:** _____ **Date:** _____

IRB NUMBER: _____ **PRINCIPAL INVESTIGATOR:** _____

PGID NUMBER: _____ **DEPARTMENT:** _____

Detailed Payment Milestones (include requirements for payment)	Number of Payments	Dollar Value of Payments			Maximum Dollar Value	Number of Gifts	Number of Debit Cards
		Cash	L/S Voucher	Debit Card			

TOTAL **CASH** PAYMENTS FOR 1 RESEARCH PARTICIPANT: $ - MAXIMUM **CASH** PAYMENTS: $ -

TOTAL **L/S VOUCHER** PAYMENTS FOR 1 RESEARCH PARTICIPANT: $ - MAXIMUM **L/S VOUCHER** PAYMENTS: $ -

TOTAL **HSC - DEBIT CARD** PAYMENTS FOR 1 RESEARCH PARTICIPANT: $ - MAXIMUM **HSC - DEBIT CARD** PAYMENTS: $ -

DOLLAR VALUE FOR 1 RESEARCH PARTICIPANT: **$** - MAXIMUM **DOLLAR VALUE**: **$** -

NUMBER OF **GIFTS** FOR 1 RESEARCH PARTICIPANT: - MAXIMUM NUMBER OF **GIFTS**: -

NUMBER OF **HSC - DEBIT CARDS** FOR 1 RESEARCH PARTICIPANT: - MAXIMUM NUMBER OF **HSC - DEBIT CARDS**: -

APPROVALS

AUTHORIZED SIGNATORY ON PGID: _____ DATE: _____
PRINTED NAME SIGNATURE

CUSTODIAN: _____ DATE: _____
PRINTED NAME SIGNATURE

Only required when total study payments exceed $5,000 per subject or $50,000 per study

***PI'S DEAN or DEAN's Designee:** _____ DATE: _____
PRINTED NAME SIGNATURE

CLINICAL TRIALS OFFICE: _____ DATE: _____
PRINTED NAME SIGNATURE

This form is produced and retained by the Clinical Trials Office. Copies of this form will be provided to the PI, Custodian, Bursar's Office, and Business Affairs as needed.