SUBJECT PAYMENTS SCHEDULE

SHORT STUDY TITLE: ____________________ **MAX. # STUDY PARTICIPANTS:** __________ ☐DATE REVISED: __________

IRB NUMBER: ____________________ **PRINCIPAL INVESTIGATOR:** ____________________

PGID NUMBER: ____________________ **DEPARTMENT:** ____________________

VISIT OR PAYMENT EVENT (include payment details)	INDICATE THE MONETARY VALUE OF ONE PAYMENT			MAX. DOLLAR VALUE	MAX. # OF GIFT ITEMS
	CASH	L/S VOUCHER	GIFT CARD		

TOTAL DOLLAR VALUE POSSIBLE FOR 1 RESEARCH PARTICIPANT:	$ -	
TOTAL DOLLAR VOLUME POSSIBLE FOR MAX. # OF RESEARCH PARTICIPANTS:	$ -	
COUNT OF GIFT ITEMS FOR 1 RESEARCH PARTICIPANT:		
COUNT OF GIFT ITEMS FOR MAX. # OF RESEARCH PARTICIPANTS:		

PRINCIPAL INVESTIGATOR: ____________________ DATE: __________

As PI, I am certifying that the subject payment information listed on this schedule has been approved by the UTHSCSA IRB.

CUSTODIAN: ____________________ DATE: __________

AUTHORIZED SIGNATORY: ____________________ DATE: __________

Revised 4/28/10

This form should be retained by the Custodian. Copies of this form should be distributed as necessary.