
HUMAN SUBJECT/PARTICIPANT PAYMENT FORM

I have completed my participation in the _____ study.

As compensation for my time, a payment of \$_____ will be rendered.

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Social Security Number: _____

Participant's signature

Date

Researcher (print): _____

Researcher's signature

Date

Project Number: _____

Project Director's signature

Date

IRB Protocol#: _____

Expires: _____

Single payments greater than \$100.00 should be paid directly to the human subject/participant thru RF accounts payable department.