FORM SFA-2

SPONSORED FUNDS ADMINISTRATION

DIVISION OF RESEARCHState University of New York at Binghamton



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		Date	
Researcher (print):			
<u> </u>	Researcher's signature	 Date	
	Ç		
Project Number:			
Projec	t Director's signature	Date	
TDD D 1//			
IRB Protocol#:			
Expires:		1: // ··· · · · · DE	. 11
Single payments greater than \$100.00 should be paid directly to the human subject/participant thru RF accounts payable department.			