

CASH PAYMENTS TO HUMAN SUBJECTS

CERTIFICATION OF PAYMENT TO ANONYMOUS PERSONS

1. ADMINISTRATIVE INFORMATION

a. Account/Object to be charged: _____ - _____ - _____ - _____ - _____ - _____ - _____
 Chart Account Sub-Acct Object Sub-Obj Project Org Ref ID

b. Has a cash advance been issued? No ___ Yes ___ - attach copy of check request

c. IRB approval number or exempt registration number:

d. Principal Investigator Name:

e. Department/Unit Name:

2. DISBURSEMENT CONTROL RECORD (please print)

Line No.	Date Paid	Cash or Check	Check No.	Human Subject ID Number	Amount Paid	Paid By:
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Page ___ of ___				Page Total		
				Grand Total		

3. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

 Principal /Co-Principal Investigator

Date