



SUBJECT PAYMENT REQUEST

Date : _____ Check to: _____

Address: _____

Social Security #: _____ - _____ - _____

On _____ (date), subject participated in the following study:

Amount to be paid for Subject's participation:	\$ _____	G/L Acct. 8250
Additionally, if also provided for in the consent document:		
Roundtrip miles from/to subject's home _____ @ .535/mile	_____	8125
Other IRB approved payments	_____	
Total Payment Amount	\$ _____	

Date check is needed by (if critical): _____

Please call _____ at extension _____ when check is ready for pickup.

Please mail to address above.

PAVIR Investigator's Signature

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PAVIR Account (10 Characters)

PAVIR office use only—Verification of consent form

Payment amount is correct