



## 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)

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PAVIR office use only—Verification of consent form

Payment amount is correct