



Subject Payment Request

Section A- Subject Questionnaire:

Is the Subject currently a VA employee? Yes No
 If no, proceed to Section B.

If yes, please have the subject complete this section.
 Payment can be made only when both responses are "Yes".

- a. The activities associated with this research study for which I am volunteering as a study participant are unrelated to my official VA duties: Yes No
- b. At the time of my volunteering as a study participant I was on off duty status (outside of normal VA duty hours): Yes No

Signature of Subject: _____ Date: _____

Section B - Subject Payment:

Date: _____ Check to: _____
 Address: _____

Social Security #: _____

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

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 _____ @ .58/mile	_____	8125
Other IRB approved payments	_____	
Total Payment Amount	\$ _____	

Date check is needed by (if critical): _____

Please call _____ at _____ 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