



# 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