



Institute for Collaborative Biotechnologies

HUMAN SUBJECTS PAYMENT CASH ADVANCE REQUEST FORM

Date: <input type="text"/>	Charge to Grant/Project Code: <input type="text"/>	Amount Requested: \$ <input type="text"/>
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Payable To: _____

CHOOSE ONE: Direct Deposit Mail Check (must provide address)

ADDRESS:

Study Protocol Number (IRB Approval Code): _____

Approximate End Date: _____

Additional Comments: _____

Signature: _____
(Cash Advance Recipient)

Signature: _____
(PI on Grant)

By signing this form, I hereby certify the following:
I have read the online *Paid Subject Pool Policy & Procedures* form. If I do not use the entire cash advance received to pay human subjects for their participation in the study listed above, or if I cannot provide receipts totaling the amount of the cash advance received, I will provide a check, payable to UC REGENTS, for the remainder. I am responsible for collecting *Subject Participation Payment* receipts. If these receipts are turned in without valid Social Security numbers, I am responsible for paying back the amount listed on these receipts with a check payable to UC REGENTS. I will turn in all receipts within 10 days of either the end of the study or of using all of the cash advance money, whichever comes first.