

UNIVERSITY OF KENTUCKY

Request and Authorization for Payment to Human Research Subjects and/or Participants

Note: This form is sufficient for documenting **ONLY** payments of \$100 or less. Payments of more than \$100 must be documented in accordance with Business Procedure E-9.

<http://www.uky.edu/EVPFA/Controller/files/BPM/E-9.pdf>

Date: _____

Department Name: _____

Research Project Title: _____

IRB Protocol Number: _____ WBS Element/Cost Object No. _____

Subject/Participant Name: _____

Payment Amount: \$ _____

I, (typed name) _____, Principal Investigator (PI) of the above Project, hereby authorize payment to the named Subject/Participant for participation in the referenced project and I certify that payment is in accordance with the project scope as approved by the project sponsor.

Signature of PI _____ Date _____

Name of PI _____