

Purpose: The purpose of this form is to obtain funds to issue human subject cash payments or to pay a human subject directly. This form is required for payments greater than \$250 USD to human subjects. Attach a copy of the certification of Institutional Review Board (IRB) approval letter to this form. Please redact all sensitive or confidential information prior to submitting the IRB Approval letter.

Note: CMU will issue the recipient's payment via Electronic Funds Transfer (EFT). The recipient must provide their banking information by submitting a completed [Accounts Payable Supplier Electronic Funds Transfer Form \[pdf\]](#).

Please select the appropriate button below to indicate if the payee is a participant or principal investigator. You will be taken to the appropriate form.

Participant

Principal Investigator

Payee Information (All Fields Required)

First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email: _____ Andrew ID (if applicable): _____
Date: _____ **Payee Signature:** _____ Is the recipient a US Citizen/ US Taxing Resident? _____

Note: If yes, a [Form W-9 \[pdf\]](#) must be attached. If no, the [Foreign National Information Form for Non-Employees \[pdf\]](#) and [Form W-8BEN \[pdf\]](#) must be attached.

Check Distribution Options (select one): US mail to Payee Cash Operations Pick-up

Note: Address is required for payee even if check is held for pick-up.

Study and Payment Information

Total Payment Amount: _____ IRB Study Number: _____
Study Expiration Date: _____ Is the IRB study open? _____

Charging Information

Currency	GL Amount	Object Code	Funding	Function	Activity	Organization	Entity
		84804					
		84804					
		84804					

Currency	GM Amount	Project	Task	Award	Expenditure Type (Text)	Organization (Text)

Preparer Information

Preparer _____ Organization _____

Signature

I confirm by checking this box that the contact information provided for the recipient on this form is [known good supplier information](#).

Approvals

Department Approver _____ **Signature**

Principal Investigator _____ **Signature**

*Note: For Accounts Payable processing purposes, once the Principal Investigator signature field is completed, the form will lock and no longer be editable.

Submit completed form and certification of IRB review letter to Accounts Payable at ap-payform@andrew.cmu.edu.

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Payee Information (All Fields Required)

First Name: _____ Last Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Email: _____ Andrew ID (if applicable): _____
 Date: _____ **Payee Signature:** _____ Is the recipient a US Citizen/ US Taxing Resident? _____

Check Distribution Options (select one): US mail to Payee Cash Operations Pick-up

Note: Address is required for payee even if check is held for pickup.

Is this for a Mechanical Turk reimbursement? _____

If using for Mechanical Turk (MTurk) payment, attach a copy of an email receipt that confirms the purchase and transaction detail from your MTurk account with the last four digits of the credit card used for purchase.

Study and Payment Information

# Participants	Payment Amount Per Participant	Sub-Total
Total		

IRB Study Number: _____
 Study Expiration Date: _____
 Is the IRB study open? _____

Charging Information

Currency	GL Amount	Object Code	Funding	Function	Activity	Organization	Entity
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		84804					
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Principal Investigator

Signature

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