Carnegie Mellon University Finance Division

Accounts Payable Human Subject Participant Form

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 <u>Accounts Payable Supplier Electronic Funds Transfer Form [.pdf]</u>.

Please select t	he appropriate button	below to indicate if the	e payee is a participant	or principal investig	ator. You will be take	n to the appropriate fo	orm.		
			Participant	Principa	al Investigator				
			Payee Information	ı (All Fields Requi	red)				
First Name:			Last Name:			_			
Address:			City: Sta		State:	Zip Code	e:		
Phone Number: Email:		Email:		Andrew ID (if applicable):					
Date: Payee Signature:		Signature:		Is the recipient a US Citizen/ US Taxing Resident?					
Note: If yes, a be attached.	Form W-9 [.pdf] m	ust be attached. If no	o, the <u>Foreign Nationa</u>	al Information For	m for Non-Employe	ees [.pdf] and Form	W-8BEN [.pdf] must		
Check Distribution Options (select one): US mail to Payee				Cash Operations Pick-up					
Note: Addres	ss is required for pay	vee even if check is h	neld for pick-up.						
			Study and Pay	ment Information					
Total Paymer	nt Amount:		IRI	3 Study Number:					
Study Expira	tion Date:		ls t	the IRB study open	?				
			Charging	Information					
Currency	GL Amount	Object Code	Funding	Function	Activity	Organization	Entity		
		84804							
		84804 84804							
Cumonou	CM Amount		Took	Aurond	Evenenditure	Type (Teyt)	Organization (Toys)		
Currency	GM Amount	Project	Task	Award	Expenditure	e Type (Text)	Organization (Text)		
			_						
			<u>Preparei</u>	r Information					
Preparer				Organization					
				I confirm	n by checking this	box that the con	tact information		
Signature				provided for the recipient on this form is known good supplier information.					
			Apı	<u>supplier</u> orovals	<u>imormation</u> .				
Department A	Approver			Signature					
Principal Inve	stigator			Signature					
			es, once the Princip n will lock and no lor			form and certi to Accounts Pa m@andrew.cm	ayable at		

Updated by Accounts Payable: 01.16.2024

Carnegie Mellon University Finance Division

Accounts Payable Human Subject Principal Investigator Form

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	e appropriate button	below to indicate if th	e payee is a participan	t or principal investig	ator. You will be	redirected to the	correct form	l.
			Participant	Principa	al Investigator			
			Payee Informatio	n (All Fields Requi	ired)			
First Name:			Last Name:					
Address:			Ci	ty:		State:	Zip Code:	
Phone Number: Email:					Andrew IE) (if applicable):		
Date:	Payee Si	ignature:			US Taxing F	Resident?		
Check Distri	ibution Options (se	elect one):	JS mail to Payee	Cash Operations Pick-up Note: Addres even if check				
If using for Me			n a copy of an email re	eceipt that confirms	the purchase a	and transaction o	detail from y	our MTurk accou
			Study and Pa	syment Information	<u>1</u>			
# Participants	Payment Amount Per Participant	Sub-Total	IRB Stu	tudy Number:				
			Study Expir	ration Date:			_	
			Is the IRB s	study open?				
<u>, </u>	Total		1					
		1	Chargin	g Information				
Currency	GL Amount	Object Code	Funding	Function	Activity	Organ	ization	Entity
		84804						
		84804						
		84804						
Currency	GM Amount Project Task			Award Expenditure Type (To			xt)	Organization (Text
			Prepare	er Information				
			<u> </u>	Organization				
Preparer						a thic boy that	+ + h a a a a b + a	
Preparer								act information
Preparer Signature				provide		pient on this f		
-			Ap	provide	d for the reci	pient on this f		

Updated by Accounts Payable: 01.16.2024

Carnegie Mellon UniversityFinance Division

Accounts Payable Human Subject Principal Investigator Form

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.

Updated by Accounts Payable: 01.16.2024