

Instructions for Human Subject - Request for Payment Forms

NOTE: For payments greater than \$100 per individual, the Independent Contractor process should be followed.

[Human Subjects - Request for Payment](#)

Complete form and forward to Accounting for processing.

[Supporting Documentation for Financial Services Request for Payment for Human Subjects](#)

Form must be completed and signed off by the appropriate individuals in their organization. Once this form is completed, a copy must be submitted to Accounting for supporting documentation for the Human Subjects - Request for Payment.

[Subject Payment Record](#)

Form must be completed by the individual that is distributing the money. This form should not be submitted to Accounting. This form should be maintained on file in the department for supporting documentation for audit purposes.

Carnegie Mellon

Human Subjects -Request for Payment

Purpose of This Form: This form is used to obtain a lump sum amount for distribution for human subjects cash payments.

Reminder: For payments greater than \$100 per individual, the independent contractor process should be followed.

1. Payment Information

Payee Name: _____

Address 1: _____

Address 2: _____

Address 3: _____

City, State, Zip: _____

Payment amount: \$ _____

Number of Subjects: _____ Amount per Subject: _____

Date payment should be transmitted: _____

Check Handling: Hold Check Transmit Directly to Payee

Note that holding checks causes delays in processing: please attach any enclosures that should be transmitted to the payee to this form and click the Transmit Address is required even if the check is to be held for pickup. in Oracle by using Accounts Payable

SEE ATTACHED FORM FOR SUPPORTING DOCUMENTATION

Human Subject Approval Number: _____

2. Accounting Information

GL Amount	Object Code	Funding	Function	Activity	Organization	Entity

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

3. Initiating Department Information

Organization Name: _____

Phone: _____

Prepared By: _____

Email: _____

Signature: _____

Date: _____

4. Authorization (must be different from the requester)

Name: _____

Title: _____

Signature: _____

Date: _____

Supporting Documentation for Human Subjects - Request for Payment

Regarding Human Subject Approval No. _____ Requested Amount: \$ _____

I, _____, under the direction of _____
Name of Individual Paying Subjects Faculty Member Overseeing Project

do verify that I paid _____ subjects at \$ _____ each, totaling \$ _____
of Subjects Amount per Subject Total Payout

Any unused funds are being deposited back to the account the request had originated from.

_____ {✓} I Have Supplied The Business Manager With The Subject Payment Record Associated With This Request.

Individual Paying Subjects Date

Faculty Member Over-Seeing the Project Date

I have done a financial audit on the subject request and verify that a combination of subjects and funds being returned to me today equal the original amount requested.

Business Manager Date

