

Purpose: The purpose of this form is to properly account for funds relating to the disbursements of human subject payments.

Required Documentation:

1. Copy of original Human Subjects Request for Payment form (if applicable).
2. Proof of deposit of unused funds or proof of credit issued to PCard (if applicable).
3. Copy of IRB approval letter. Please redact sensitive or confidential information prior to submission.

Note: Departments may require additional documentation, which should be kept within the department and not submitted to Accounts Payable.

Supporting Documentation Form

Regarding Human Subject Approval # _____ Request Date _____ Request Amount \$ _____

I, _____ under the direction of _____ , _____

verify that I paid participants in the following

# Participants	Payment Amount Per Participant	Sub-Total
Total		

Unused funds in the amount of \$ _____ will be deposited back to the account charged for this request.

_____ Date unused funds were deposited/credited back to the account charged for this request.

_____ I have supplied the Business Manager with the Subject Payments Receipts for review.

_____ Subject pay receipts are filed in this department office location for auditing purposes.

Individual Disbursing Funds _____ Date _____ Principal Investigator Overseeing Project _____ Date _____

Authorization

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

Print Name and Title _____ *Department Reviewer's Signature* _____ Date _____

Print Name and Title _____ *Business Manager's Signature* _____ Date _____

Finance Division Use

Processed by: _____

Date: _____

Please submit the completed forms to
Accounts Payable at UTDC 209
or to AP-Help@andrew.cmu.edu