

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 Direct Deposit

Note: Address is required for payee

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 _____ Date _____ Phone Number _____
Organization _____ Email _____
Signature _____ I confirm by checking this box that the contact information provided for the recipient on this form is [known good supplier information](#).

Approvals

By signing this form as the approver, you agree that you have reviewed the information on the form and confirm the accuracy of the form, as well as the IRB study number and the IRB approval letter as provided.

Department Approver's Name and Title _____ **Signature** _____ Date _____
Principal Investigator _____ **Signature** _____ Date _____

*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: 04.29.2024

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Payee Information (All Fields Required)

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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 Direct Deposit

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

Date

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