

East Tennessee State University
Request for Cash Payment to Research Participants

Principal Investigator Name:		Phone/Email:	
Custodian Name:		Phone/Email:	
Department:		IRB Number:	
Title of Study:		Study Begin Date:	
		Study End Date:	
ETSU Fund for Reimbursement:			
Date Funds are Needed:		Amount Requested:	\$
Will the fund need to be replenished prior to the completion of the study?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, how frequently?			
Location of Funds:			

Grant Accounting verification of budget for participant payments of Financial Accounting verification of ETSU funded research activity. \$ _____	Signature of Grant Accounting
Budget for participant payments	Signature of Grant Accounting

If payments are for confidential research participants, the PI must submit a reconciliation of the number of payments approved by the supervisor of the person disbursing the cash payments. Additional funds will not be distributed without documentation of disbursement of initial request. I attest that I have read and understand the ETSU Policy FP-8 Sponsored Program Management. IRB Approval must be attached to Petty Cash Request.

Funds and documentation are subject to audit at any time. All funds must be secured under lock and key. All funds must be properly accounted for at fiscal year-end.

I acknowledge receipt and understanding of the Payments to Research Participants Policy.

Principal Investigator Signature	Printed Name	Date
Principal Investigator Supervisor Signature	Printed Name	Date
Cash Custodian Signature (if not the same as PI)	Printed Name	Date