



RESEARCH SUBJECT PAYMENT SUMMARY

CHR APPROVAL #
APPROVAL DATE:
EXPIRATION DATE:

TO BE COMPLETED BY RESEARCH UNIT

PROJECT TITLE _____

PRINCIPAL INVESTIGATOR _____ CO-PRINCIPAL INVESTIGATOR _____

DEPARTMENT NAME _____ DEPARTMENT A/P CONTACT _____

BOX#/ADDRESS _____ PHONE NUMBER _____

SUBJECT PAYMENT TERMS: PLEASE NOTE THAT INCOMPLETE INFORMATION WILL DELAY PAYMENT.

Number of Subjects Participating: _____

Rate of Payment:

\$ _____ per hour	\$ _____ Bonus for completion
\$ _____ per visit	\$ _____ Final visit
Other payment terms applicable:	

Payment Method (check one):

<input type="checkbox"/> Check Request Payable to Subject
<input type="checkbox"/> Petty Cash Fund
<input type="checkbox"/> Visa Debit Card

Chartstring to be charged: _____

BUS. UNIT	ACCOUNT	FUND	DEPT ID	PROJECT	ACT. PERIOD	FUNCTION	FLEXFIELD

Prepared by: _____ PI Signature _____

Box # _____ Phone _____ PI (Print or Type) _____

INSTRUCTIONS:

Please attach one copy of CHR Approval letter and CHR Cover Page (no exceptions). No payments will be made for services performed after expiration date. Forward this form with attachments to Accounts Payable – Research Subjects, Box 0812. For assistance please call the Controller's Office Solution Center at 415-476-2126.