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):

____ Check Request Payable to Subject

____ Petty Cash Fund

____ Visa Debit Card

Chartstring to be charged: ____________________________

<table>
<thead>
<tr>
<th>BUS. UNIT</th>
<th>ACCOUNT</th>
<th>FUND</th>
<th>DEPT ID</th>
<th>PROJECT</th>
<th>ACT. PERIOD</th>
<th>FUNCTION</th>
<th>FLEXFIELD</th>
</tr>
</thead>
</table>

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.