

Research Participant Payment Form

I have agreed to be a subject in a research study # XXX conducted by xxx. I understand that taking part in this study entitles me to receive the compensation described in the research consent form, unless I am a full-time UGA faculty or staff member, a student working 50% time (20hr/week), or a nonresident foreign national, in which case I cannot be paid a stipend. To be able to process my payment, the University of Georgia Business Office requires that I provide my Name, Mailing Address, and Social Security Number for tax reporting and/or audit purposes. I realize that if I do not provide this information, I will not be compensated. I also understand that if I decide not to provide the requested information and I waive my right to compensation, I can still take part in the research study."

Signature of Subject *Date*

Printed Name of Subject

Mailing Address (Please Print): _____

Social Security Number: _____ - _____ - _____

_____ (Please put your initials.) I do not want to provide the above information. I will not be compensated for my participation.

To UGA Business Office:
The individual listed above is eligible for compensation as a result of participation in my study. If the payment type is denoted as "check" below, please issue and mail a check to the participant at the address listed above. I verify that the person named above is participating, or has participated, in the research study cited above and is entitled to this compensation.

Signature of PI *Date*

Printed Name of PI

Specify Payment Type (Check, Gift Card, Cash, Other) & Amount