

# One-Time Payment to Human Subjects Receipts (non-HIPPA)

Protocol Number \_\_\_\_\_ Date \_\_\_\_\_

Protocol Title \_\_\_\_\_

PI Name (printed) \_\_\_\_\_

Subject ID # \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

*Please note that this payment is taxable income and the recipient is required to report this amount on federal and state tax returns.*

Payment	Cash	Check	Gift card	Check or Gift card # (if applicable)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Signature of Participant \_\_\_\_\_

Participant printed name \_\_\_\_\_

Subject ID # \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

*Please note that this payment is taxable income and the recipient is required to report this amount on federal and state tax returns.*

Payment	Cash	Check	Gift card	Check or Gift card # (if applicable)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Signature of Participant \_\_\_\_\_

Participant printed name \_\_\_\_\_

Subject ID # \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

*Please note that this payment is taxable income and the recipient is required to report this amount on federal and state tax returns.*

Payment	Cash	Check	Gift card	Check or Gift card # (if applicable)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Signature of Participant \_\_\_\_\_

Participant printed name \_\_\_\_\_

Subject ID # \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

*Please note that this payment is taxable income and the recipient is required to report this amount on federal and state tax returns.*

Payment	Cash	Check	Gift card	Check or Gift card # (if applicable)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Signature of Participant \_\_\_\_\_

Participant printed name \_\_\_\_\_

Subject ID # \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

*Please note that this payment is taxable income and the recipient is required to report this amount on federal and state tax returns.*

Payment	Cash	Check	Gift card	Check or Gift card # (if applicable)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Signature of Participant \_\_\_\_\_

Participant printed name \_\_\_\_\_

Signature of PI \_\_\_\_\_

*\*Complete and keep these receipts on file in the lab for payments made to human subjects with the cash advance funds you receive. These receipts must be kept on file within the lab in order to uphold subject confidentiality rules, IRB and HIPAA regulations. The onus of making sure that the subject receipts match the information documented within the human subjects payment log rests with the PI and the lab staff who work with the subjects, and the lab will be the point of audit for subject receipts.*