**Valdosta State University**

**Request for Research Participant Payment Funds**

Request for:  **Cash Advance** or  **Petty Cash Fund**

*(See* ***Research Participant Payment Procedures*** *and the Financial Services website for information about these two methods of accessing funds)*

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| Responsible Researcher: | | | | | | | | IRB Protocol Number: | | | | | | | | | |
| Project (Short) Title: | | | | | | | | | | | | | | | | | |
| Department: | | | | | | | | E-Mail Address: **@valdosta.edu** | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | |
| Account Number: | 727141 | | - |  | - |  | - |  | | - | |  | - |  | |  |  |
|  | *(Expend Acct)* | |  | *(Fund)* |  | *(Dept)* |  | *(Pgm)* | |  | | *(Class)* |  | *(Proj #)* | |  |  |
|  | | | | | | | | | | | | | | | | | |
| Expected dates of disbursement of requested funds:       to | | | | | | | | | | | | | | | | | |
| Expected number of participants to receive payments during this period: | | | | | | | | | | | | | | | | | |
| Dollar amount per participant to be disbursed: $ | | | | | | | | | Total amount requested: $ | | | | | | | | |
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| **Incentive Plan Confirmation** *(to be completed by IRB Administrator)***:** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Participant identity is: □Non-Confidential □Confidential | | | | | | | | | | | | | | | | | |
| Incentive plan has been approved by VSU IRB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| *(IRB Administrator Signature)* | | | | | | | | | | | | | | | | | |
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| ***RESPONSIBLE RESEARCHER’S STATEMENT: I accept the above requested cash advance or petty cash fund with the understanding that I am personally responsible for the proper safekeeping and use of said funds and that I will be personally liable for all shortages and uninsured losses. I understand the Research Participant Payment Procedures and the University’s procedures for cash advances and/or petty cash funds and agree to abide by them, including timely reporting and reconciliation of funds.*** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Responsible Researcher’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
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| **APPROVALS:** | |  | | | | | | | | |  | | | | | | |
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| Principal Investigator/Budget | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Manager (if different from | |  | *(Signature)* | | | | | | | | | | |  |  | | |
| Responsible Researcher: | |  | Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
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| Department Head or Dean: | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | |  | *(Signature)* | | | | | | | | | | |  |  | | |
|  | |  | Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
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| *To obtain a petty cash fund, submit this completed form to Accounts Payable. For a cash advance, submit this completed form to Accounts Payable after making the cash advance request in the PeopleSoft expense module. Please direct any questions about accessing funds for research incentive payments to Financial Services at 229-333-5708.* | | | | | | | | | | | | | | | | | |