

RESEARCH INCENTIVE CHECK REQUEST

(To be completed by research personnel)

Lab	Study	Subject Name (Printed)	Participation Date
Description of Payment			Amount ¹
IMPORTANT: The researcher , by signing below, attests that the subject is entitled to the amount shown. The subject/guardian , by signing below, acknowledges that the subject participated in the study as shown.			
Researcher Signature		Subject/Guardian Signature	
Researcher Name (Printed)		Subject/Guardian Name (Printed) ³	
Check Disposition ² (choose only one) <input type="checkbox"/> Mail immediately; do not hold. <input type="checkbox"/> Temporarily hold for pick up; mail if not picked up within five business days. <input type="checkbox"/> Hold for pick up; do NOT mail.		Street Address ² Street Address ² City ² State ² ZIP Code ²	

PREPARATION NOTES: (1) Corrections are NOT permitted in the amount field. If a mistake is made in this field, void the entire form and start a new one. (2) Held checks can only be picked up by the Subject/Guardian. Address fields are required if the check disposition may include mailing. (3) Checks will be made payable to the subject/guardian listed here.

41939.4766

CHECK PROCESSING RECORD

(To be completed by administrative personnel)

INCENTIVE CHECK

Number	<input type="text"/>		
Date Requested	<input type="text"/>	by	<input type="text"/>
Date Issued	<input type="text"/>	by	<input type="text"/>
Date Delivered	<input type="text"/>	by	<input type="text"/>
Date Mailed	<input type="text"/>	by	<input type="text"/>
Date Voided	<input type="text"/>	by	<input type="text"/>

INVOICE ENTRY

Trns Date	<input type="text"/>		
Cmdt	<input type="text"/>		
Fund/Indx	<input type="text"/>		
Orgn	<input type="text"/>		
Acct	<input type="text"/>		
Prgm	<input type="text"/>		
Acty	<input type="text"/>		
Docu	<input type="text"/>		
Date Ent'd	<input type="text"/>	by	<input type="text"/>

REIMBURSEMENT CHECK

Number	<input type="text"/>
Date Issued	<input type="text"/>