



**HEBREW REHABILITATION CENTER
HUMAN SUBJECT STIPEND REQUEST**

To: Accounts Payable, Fiscal Services Account #: _____

From: _____ Date of Request: _____
Employee Requesting Payment

Ext #: _____ Department: Research

Issued Check to: _____

Amount of Request: _____

Select yes and provide the following only if participant will receive more than \$599 in payments in a calendar year:
1099 Eligible : (Check one) Yes No
If Yes, Payee's SSN: _____
Payee's W9: (Check one) Yes No

Submit to Research Administration

- 1) This Form is to be used to request a stipend for a Participant in Research Study
- 2) ORIGINAL RECEIPTS OR INVOICES TO DOCUMENT EXPENSES MUST BE ATTACHED TO THIS FORM

3) Brief Description/Date: _____

4) Study Title: _____

5) Participant's Address (Required)

Number Street

City, State Zipcode

6) Check Pick Up
Employee Name: _____
Employee Email: _____

7) Signatures Required for Payment:

a) _____ Date _____
Employee Requesting Payment

b) _____ Date _____
Principle Investigator/Project Director (Must be Authorized Signatory)

b) _____ Date _____
Grant Manager

Additional Signature:

- Interview conducted in person
I hereby confirm that the above address is correct

Participant Signature Date

OR

- Interview conducted over the telephone

Address verbally verified by Employee Requesting Payment

Initial Date