



Subject Payment Request

Section A- Subject Questionnaire:

Is the Subject currently a VA employee? Yes No
 If no, proceed to Section B.

If yes, please have the subject complete this section.
 Payment can be made only when both responses are "Yes".

- a. The activities associated with this research study for which I am volunteering as a study participant are unrelated to my official VA duties: Yes No
- b. At the time of my volunteering as a study participant I was on off duty status (outside of normal VA duty hours): Yes No

Signature of Subject: _____ Date: _____

Section B - Subject Payment:

Date: _____ Check to: _____
 Address: _____

Social Security #: _____

On _____ (date), subject participated in the following study/procedure:

Amount to be paid for Subject's participation:	\$ _____	G/L Acct. 8250
Additionally, if also provided for in the consent document:		
Roundtrip miles from/to subject's home _____ @ .67/mile	\$ _____	8125
Other IRB approved payments	\$ _____	
Total Payment Amount	\$ _____	

Date check is needed by (if critical): _____

Please call _____ at _____ when check is ready for pickup.

Please mail to address above.

ACH Payment, contact me for bank information.

 PAVIR Investigator's Signature PAVIR Account (10 Characters)

Please send completed form to Invoices@pavir.org

PAVIR office use only – verification of consent form: Payment amount is correct