

# RESEARCH PARTICIPATION MULTIPLE PAYMENT CERTIFICATION FORM

For Payment by Cash or Gift Card\*\*

Revised 3/22/2022



Participant Certification:						IRB protocol No.:	
My signature below indicates that I have received, or will receive, reimbursement (cash or gift card) for my participation in the study. Further it indicates that <i>I am responsible</i> to adhere to the tax regulations of my current country of residency if my participation takes place outside of the U.S. If this is the case, you must only complete sections B, C, and D below.						Payment Account:	
						Individual Disbursing Funds	
A	B	C	D	E	G		H
Do you expect to receive \$250+ for all compensation from Texas A&M for the current calendar year?*	Researcher Assigned ID number (preferred) or Printed Name of Participant	Initials of Participant or Email address for internet study	Date	Amount Paid	Payment to Route through Accounts Payable*	Printed Name	
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/>		
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/>		
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/>		
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/>		
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/>		
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<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/>		
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/>		
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/>		
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/>		
<b>Total Amount Distributed</b>							

\*If Yes, participant must complete the Individual Payment Certification Form, and payment to route as a check through Accounts Payable. Do not issue cash or gift card funds.

\*\*This form serves as the payment log when reimbursing a working fund or a departmental clearing account.

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Affiliated Department/Unit

\_\_\_\_\_  
Date