



ADVANCE FOR RESEARCH SUBJECT PAYMENTS

This form is to be used only for the request of cash payments made to human subjects participating in research projects that have been reviewed and approved by FIU's Institutional Review Board. Payments made to FIU employees must be routed through Payroll.

Before completing this form, you must answer 'yes' to at least one of the following two questions, otherwise, you should contact Recruitment Services to set up an appointment at the Division of Human Resources (305-348-2500) and Compensation to add duties to a job description (305-348-2519).

- 1) I have been a custodian in another Advance for Research Subject Payment Fund and have completed a background and fingerprinting check? Yes No
- 2) I am a new custodian and already completed a background and fingerprinting check with the Division of Human Resources? Yes No
- 3) Project must be active

Step 1: REQUEST

Custodian Name: _____	Panther ID: _____	Email: _____
Department: _____	Research Study Period: _____ to _____	
Principal Investigator Name: (if different than Custodian): _____	Project Period: _____ to _____	
Project ID: _____	1. Estimated # of Participants for project: _____	
Non Sponsored Projects/Activity Id _____	2. Amount paid to Each Participant: \$ _____	
#: Account Code: <u>111003</u>	<small>(not to exceed \$200 per participant per study unless approved by IRB)</small>	
Vendor ID: <u>5134</u>	3. Total budget awarded for Participants: \$ _____	
IRB Reference #: IRB _____	4. Total Cash Fund Requested: (not to exceed a 30 day request or \$1000, whichever is less) \$ _____	
End Date: Location of Study/ Funds: _____		

New Request Revised Request (to use when amounts change)

Preparer's Name: _____ Phone: _____ Fax: _____ Email: _____

Please explain the **purpose** of this request:

Payment Method:	Electronic Fund Transfer (EFT)	Cash
<small>(select one)</small>		
	Vendor ID: _____	Funds are picked up at Cashiers office

Electronic payment is permitted with the approval from ORED or the department's budget manager. Once the project is completed, the unused funds are returned to Cashiers by the custodian or a check can be mailed by the custodian to the department. The department Head or budget manager must deposit the check on the custodians behalf.

Acknowledgment of Closure process:

Custodian initials: _____	Department Head or Budget Manger initials _____
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Custodian Certification (PLEASE APPEND A COPY OF IRB PROTOCOL APPROVAL LETTER FOR THIS PROJECT):

I certify I am the custodian of the funds requested above which are necessary in the performance of my official University duties and in accordance with the policies and procedures of the Office of Research and Economic Development relating to human subject participant payments. I accept full responsibility for the monies received and will safeguard them in accordance with University procedures (http://finance.fiu.edu/controller/QL_ControllerProceed.html; <https://policies.fiu.edu/>). I understand that I am liable and that my wages may be garnished for monies received and if lost, I am responsible for replenishing them. Upon reassignment or termination, I agree to return these funds to the University. I further attest that the information that I provide herein is in accordance with the proposal awarded by the project sponsor and with the protocol approved by the IRB.

I will keep the advance for research subject payments in a safe, locked place and separate from any other funds at all times. I will maintain and reconcile the log that documents to whom cash incentive payments are made in a manner consistent with the confidentiality requirements of the study, if any, certify that all of the cash disbursed was distributed to bona fide participants of the research project for the above-referenced IRB protocol number and provide this documentation to the Bursar office for replenishment of funds. Confidential Studies will require the documentation below to remain confidential and disclosure of this personal information shall only be made available to appropriate FIU personnel, the project sponsor, FIU's Office of Inspector General or to external auditors that may be authorized to review the project records.

Custodian Name: _____ Signature: _____ Date: _____

PI Name: _____ Signature: _____ Date: _____

ORED Approval (only required for sponsored projects):

Budget for Participant Payments and Project period above are correct:

Print Name: _____ Signature: _____ Date: _____

Non-Sponsored Projects - Budget Manager:

Print Name: _____ Signature: _____ Date: _____

ORI Approval:

IRB Protocol approved for Payment of Subjects

Print Name: _____ Signature: _____ Date: _____

Step 2: DOCUMENTATION

All substantiating documentation must be kept for the length of time required by the Office of Research and Economic Development's Record Retention Schedule for Sponsored Project Documents (<http://policies.fiu.edu/files/369.pdf>). All records must be made available to FIU's Office of Inspector General and/or to external auditors authorized to review project records should the need arise.

Please check below the type(s) of documentation on file for this request:

Informed Consent Form signed by Participant Other (please specify):
 Coded Key with Cross-Reference List of Participants Detailed Recipient Log

Step 3:

INSTRUCTIONS for Sponsored Projects

- 1) Custodian emails completed Advance for Research Payment form, and IRB Approval form to the appropriate Post Award Manager
- 2) Post Award will email the Approved Advance for Research Subject Payment Form, and IRB Approval Form to cashrequests@fiu.edu
- 3) Replenishment requirements: Detailed Recipient log and Replenishment form

INSTRUCTIONS for Non Sponsored Projects/Activity Ids

- 1) Custodian emails completed Advance for Research Payment form, and IRB Approval form to Elvia Molina
- 2) Elvia Molina will email the Approved Advance for Research Subject Payment Form, and IRB Approval Form to cashrequests@fiu.edu
- 3) Replenishment requirements: Detailed Recipient log and Replenishment form

Step 4: CONTROLLER'S APPROVAL

Required background check:

The Office of Finance and Administration of FIU has established Cash Control Policy 1110.010 that states, "The employee(s) within the department designated to accept cash must undergo a background check. It is the responsibility of the department to notify Recruitment Services in the Division of Human Resources." The Level II Background Check Request Form must be submitted along with this request.

FOR USE BY CONTROLLER'S OFFICE ONLY

Voucher Number: _____ **Level II Background Cleared:**
Yes No **A/P Name:** _____

Additional Comments: _____

Controller's Approval Signature: _____ **Date:** _____