**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.*

**Step 1: REQUEST**

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| Custodian #1 Name: | | |  | | | | | | | |  | | Panther ID: | | |  | | | | Email: | | | | | | | | |  | |
| Custodian #2 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: | | | | | | | | | | | | | |  | | | | | | | | |
| Account Code: | | 111003 | | | | |  | 2. Amount paid to Each Participant:  (not to exceed $200 per participant per study) | | | | | | | | | | | | | $ | | |  | | | | | | | |
| Vendor ID: | | 5134 | | | | |  | | | | | | | |
| IRB Reference #: | |  | | | | |  | | | | | | | |
| IRB End Date: | | | |  | | |  | | 3. Total budget awarded for Participants: | | | | | | | | | | | | $ | | |  | | | | | | | |
| Location of Study/ Funds: | | | |  | | |  | | 4. Total Cash Fund Requested: (not to exceed a 30 day request or $1000, whichever is less) | | | | | | | | | | | | $ | | |  | | | | | | | |
|  | | |  | | | | | | | |
| New Request | | | | | Revised Request (to use when amounts change) | | | | | | | | | | | | | | |

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

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

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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. |

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| Custodian #1 Name: | |  |  | Signature: |  |  | Date: |  |
| Custodian #2 Name: | |  |  | Signature: |  |  | Date: |  |
| PI Name: |  | |  | Signature: |  |  | Date: |  |

**ORED Approval:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Budget for Participant Payments and Project period above are correct:** | | | | | | | |
| Print Name: |  |  | Signature: |  |  | Date: |  |

**ORI Approval:**

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| **IRB Protocol approved for Payment of Subjects** | | | | | | | |
| Print Name: |  |  | Signature: |  |  | Date: |  |

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| **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 Detailed Recipient Log  Coded Key with Cross-Reference List of Participants Other (please specify): |
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| **Step 3: INSTRUCTIONS**  1) Custodian email completed Form, [Background Check Request Form](http://finance.fiu.edu/controller/Docs/SIGNATURE_LevelII_Background_Check_Request_Form.pdf) and IRB Approval go to Post Award Manager  2) Post Award to email the Approved Form, IRB Approval Form and Background Check Request From to [cashrequest@fiu.edu](mailto:cashrequest@fiu.edu) |
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| **Step 4: CONTROLLER’S APPROVAL**  **Required background check:**  The Office of Finance and Administration of FIU has established [Cash Control Policy 1110.010](https://policies.fiu.edu/files/576.pdf) 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](http://finance.fiu.edu/controller/Docs/SIGNATURE_LevelII_Background_Check_Request_Form.pdf) 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:** |  | |