

**UNIVERSITY OF KENTUCKY**

**Request and Authorization for Payment to Human Research Subjects and/or Participants**

**Note:** This form is sufficient for documenting **ONLY** payments of \$100 or less. Payments of more than \$100 must be documented in accordance with Business Procedure E-9.

<http://www.uky.edu/EVPFA/Controller/files/BPM/E-9.pdf>

Date: \_\_\_\_\_

Department Name: \_\_\_\_\_

Research Project Title: \_\_\_\_\_

IRB Protocol Number: \_\_\_\_\_ WBS Element/Cost Object No. \_\_\_\_\_

Subject/Participant Name: \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_

I, (typed name) \_\_\_\_\_, Principal Investigator (PI) of the above Project, hereby authorize payment to the named Subject/Participant for participation in the referenced project and I certify that payment is in accordance with the project scope as approved by the project sponsor.

Signature of PI \_\_\_\_\_ Date \_\_\_\_\_

Name of PI \_\_\_\_\_