

## Participant Check Payment Request

\* All requests must correspond to an IRB approved consent form and must include a completed W-9 before payment will be issued.

\* If travel reimbursement is involved, attach Travel Reimbursement Form and Invoices and/or receipts.

Request Date                                      Project PI( if applicable)                                      IRB# (if applicable)

VHF account to be used                                      Amount Due

Participant Name                                      Participant ID#

Participant Mailing Address

Description of Payment and/or Reimbursement, Including Visit Date(s) and Visit Name/Number(s)

Requestor Signature

### VHF Office Use Only

CEO Approval                                      Funds/budget verified by:                                      Entered in A/P by:                                      Date