



Advance Fund Establishment Form

(to be used only with Alternative Method: Cash Request)

Principal Investigator:

Accounting Unit:

Program Title:

Estimated Study Subjects (3 months):

Payment Per Student Subject, Per Visit: \$

Total expected funding for budget period:\$

Advance Request: \$

(equal too less than Anticipated Participant Payments)

Personnel (if any other than PI) Authorized to handle Advance Funds:

Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

I hereby certify that the above information is correct to the best of my knowledge and that I have read and understand my responsibilities as Principal Investigator as outlined in the Research Study Participant Payment Policy. Further, I acknowledge that there is no indication that any study participants will receive \$600 or more in any calendar year for the duration of the study.

PI Signature

Date

- Form must be submitted with a payment/check requisition to Accounts Payable
- Form must be completely filled out to be processed