



Palo Alto Institute for Research & Education

P.O. Box V-38 · Palo Alto, CA 94304-0038

SUBJECT PAYMENT REQUEST

Note that this version of the form is meant to be filled in on a computer; the fields will grow as needed. Please use the PDF version if you wish to fill in by hand.

Date : _____

Check to: _____

Address: _____

Social Security #: _____--____--_____

On _____ (date), subject participated in the following study:

Amount to be paid for Subject's participation:

\$ _____

G/L Acct.
8250

Additionally, if also provided for in the consent document:

Roundtrip miles from/to subject's home _____ @ .50/mile

8125

Other IRB approved payments

Total Payment Amount

\$ _____

Date check is needed by (if critical): _____

Please call _____ at extension _____ when check is ready for pickup.

Please mail to address above.

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PAIRE Investigator's Signature

PAIRE Account (10 Characters)

PAIRE office use only—Verification of consent form

Payment amount is correct