



UNIVERSITY OF MASSACHUSETTS AMHERST
School of Public Health & Health Sciences
Dean's Business Center
118 Arnold House
715 North Pleasant Street
Amherst, MA 01003-9258

Human Subject Compensation Payment Request Form

Please Note:

- 1) This form is used to ask the University to send a payment to a participant in a human subject study.
- 2) Incomplete and/or incorrect forms and supporting documentation will be returned to the PI/preparer and result in a delay in processing.
- 3) Subjects must complete Section 1. PIs must complete Section 2. Please print clearly.

Section 1 Subject Information

1a Date _____ **1b** Local Telephone Number _____

1c Name _____
LAST FIRST MI

1d Email Address _____

1e Legal (Home) Address _____
If P.O. Box, please list street address.

1f Identification (Please select one and provide ID# or W-9 Form.)

UMASS Student

UMASS Employee

Non-UMASS

Student ID #

Employee ID #

Please provide a UMW-9 Form.

Note: Current students and employees do not need to provide a W-9 form. They must, however, provide a valid ID number and a legal, off-campus address.

1g Subject Signature _____

Section 2 Study Information

2a Payment Amount \$ _____ **2b** Final Visit/Test Date _____

2c Speedtype _____ **2d** Department ID _____

2e Fund _____ **2f** P/G # _____

2g PI Name _____

2h PI Signature _____ **2i** Date _____

PLEASE DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.

Vendor add request date: _____

Vendor ID number: _____

Vendor added date: _____

Date sent to Controller's Office: _____