

RESEARCH PARTICIPANT PAYMENT QUESTIONNAIRE

1. What is the name of the Study?
2. Give a summary description of the study.
3. When will the study end?
4. Approximately how many participants will be paid in a given period (e.g. in a month)?
5. Approximately how much will each participant receive per visit?
6. Has a determination been made by the Controller on whether this is a confidential study (see special note below)? If yes, please provide a copy of the approval notification.

Special Note:

Confidential studies will not require disclosure of the study participant's name, social security number and address in the spreadsheet that must accompany each Petty Cash reimbursement request. However, W-9 information will need to be submitted to the Controller's Office by the first working day of January for participants receiving more than \$600 in the previous calendar year. The spreadsheet can be found at <http://www.miami.edu/accounts-payable/PettyCashForms/MSExcelspreadsheetforResearchParticipantPayemnt.xls>

Non-Confidential studies will require the disclosure of study participant's name, social security number and address on the spreadsheet for submission with the Petty Cash reimbursement request. A W-9 for each participant will also need to be submitted with the reimbursement request. The spreadsheet can be found at <http://www.miami.edu/accounts-payable/PettyCashForms/MSExcelspreadsheetforResearchParticipantPayemnt.xls>

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