

HUMAN SUBJECTS CASH ADVANCE/ REIMBURSEMENT FORM

Current IRB approval letter must be submitted with this form

Payee Name: _____

Phone Ext: _____

Department: _____

Email: _____

Expense Type (choose one below):

Reimbursement

Cash Advance:

Anticipate completion date for this cash advance (must be no more than 4 months from today's date): ____/____/____

Payment Disposition Type (choose one below):

EFT

Paper Check

Protocol Name: _____

Protocol Number: _____ - _____

Number of Participants: _____

Payment Amount to Each Participant: _____

Is any subject going to be paid \$600 or more during this tax year? _____

(if you answered "Yes", contact Central Accounting Office (949) 824-5286)

Total Amount: _____

Expense Certification

I certify that this is a true statement of research related expenses incurred for official university business in accordance with university policy.

Signature: _____ Date: _____

Account - Fund #: _____ - _____

Form Preparer: _____

Extension: _____