

**University of Pennsylvania
C-2 Human Subject Voucher**

- This subject will receive \$600 or more this calendar year.
- Payment will be issued by check.
- This study does not have an IRB waiver of HIPAA.

Fund # _____
IRB Protocol # _____

To be completed if any of the boxes above have been checked:

Subject's Last Name _____
Subject's First Name _____
Last 4 digits of SS# _____
 Check if subject is an employee of UPHS, CPUP, UPenn

Please check one:

For U.S. Citizens or Resident Aliens

- Current calendar year W-9 attached
- W-9 previously submitted
- No W-9 required – calendar year payment is less than \$600

For Non Resident Aliens

- Attach Visa, Passport, I94 Card, Valid ITIN or SSN

Description of Visit (use descriptive type: e.g., visit 3 of 6, 6 month follow-up):

Dollar amount of Remuneration \$ _____ 5316 (Human Subject Payments)
Dollar amount of out-of-pocket expenses – list types separately and attach receipts:
Travel/Meals (specify) _____ \$ _____ 5206 (Non-Employee Travel)
Travel/Meals (specify) _____ \$ _____ 5206 (Non-Employee Travel)
Other _____ \$ _____ 5241 (Patient Care Supplies)
Grand Total \$ _____

CRC Name (please print) _____

CRC Signature _____ Date _____

This signature certifies the human subject listed above is eligible for payment having fulfilled all requirements outlined in the approved protocol.

Check one box:

- Subject received **cash** totaling \$ _____
- No payment received, check to be processed
- Subject received \$ _____ in the form of a gift card money order other Greenphire ClinCard

Subject Signature _____ Date _____

If no signature is obtained, an explanation is required.

| | | | | | | | |
|----------------------------------|-------|-------|-------|-------|-------|-------|-----------|
| Business office use only: | | | | | | | |
| Advance reference # _____ | | | | | | | |
| 26-Digit Account Number | | | | | | | |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | \$ Amount |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | \$ |
| _____ | _____ | _____ | _____ | 5206 | _____ | _____ | \$ |
| _____ | _____ | _____ | _____ | 5241 | _____ | _____ | \$ |