

**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

U.S. Citizens or Resident Aliens

- W-9 attached (new vendor or name/address change)
- W-9 previously submitted
- No W-9 required – petty cash payment is less than \$600

For Non Resident Aliens

- Attach Foreign National Information Form

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 _____

Subject Signature _____ Date _____

If no signature is obtained, an explanation is required.

Business office use only:

Advance reference # _____

26-Digit Account Number

CNAC	ORG	BC	FUND	OBJECT	PROG	CREF	\$ Amount
							\$ _____
				5206			\$ _____
				5241			\$ _____