CASH PAYMENTS TO HUMAN SUBJECTS

CERTIFICATION OF PAYMENT TO ANONYMOUS PERSONS

	ADMINISTRATIVE INFORMATION								
	a. Co	ontract/Grant to b	oe charged:	Loc	- Account	 Fund	Projec	ct Sub Obje	ect Source
	b. Ha	s a cash advance	e been issued?		No	Yes	attach c	copy of check req	uest
	c. IRB approval number or exempt registration number:								
	d. Principal Investigator Name:								
	e. Department/Unit Name:								
2.	DISBURSEMENT CONTROL RECORD (please print)								
	Line No.	Date Paid	Cash or Check	Check 1		man Subject Number		Amount Paid	Paid By:
	1								
	2								
	3								
	4								
	5								
	6								
	7								
	8								
	9								
	10								
	Page	of			Pag	ge Total			
					Gra	and Total			
	I CERT	TIFY THAT TH	E ABOVE IN	FORMA	TION IS T	RUE AND C	CORREC	CT.	
	-	Principal /Co-Principal Investigator				Date			