

University of Texas at Austin Research Subject & Survey Participant Cash Advance Request Form

Print form and send by campus mail or hand deliver to Payment Services, Cash Advance Desk, UTA 3.302, D9600, or email to: oa.cashadvances@austin.utexas.edu.

* Refer to page 2 for additional instructions

Date of Request _____

* Recipient Name _____ Recipient EID _____ Recipient Email _____ Recipient Phone Number _____

* Departmental Contact Name _____ Departmental Contact Email _____ Departmental Contact Phone # _____

Total Amount Requested _____ Account Number _____

* Duration of Cash Advance Period

* Start Date _____ End Date _____ Requested Check Date _____

Name of Study _____

_____ IRB Protocol Number

_____ IRB Approval Period Start Date

_____ IRB Approval Period End Date

* Description of incentive payments from cash advance - (Anticipated number of participants and amount per person)

Requestor must provide the Institutional Review Board (IRB) Determination Letter and Initial Protocol Request to the Principal Investigator (PI) and, if applicable, to the additional optional CSU Reviewer to support their approval of this Cash Advance Request. The documentation does not need to be provided to Payment Services with this approved Cash Advance Request Form.

Signature-PI of Grant (Required)

Printed Name, Title, Department

Date

As Principal Investigator (PI) of the grant named above, I attest that the information provided is true to the best of my knowledge and that I have reviewed the IRB documentation on file with the Office of Research Support and Compliance. I understand that receipts and/or documentation for monies expended will be presented at the time of completion of the cash advance & any funds unspent or unaccounted for will be returned to the university within 30 calendar days after the end of the cash advance date.

Authorized Signer on Account, Other than the PI or Cash Advance Recipient (Required) (see GBS screen in *DEFINE)

Printed Name, Title, Department

Date

College, School or Unit (CSU) Business Officer (Required)

Printed Name, Title, Department

Date

CSU Business Officer Contacts: <https://utdirect.utexas.edu/ohs/contacts/list-contacts/index.WBX>

Additional Reviewer (Optional at discretion of CSU)

Printed Name, Title, Department

Date