

Participant Study Cash Advance Information Form

Name of Requester: _____

UT EID: _____

Title of Study: _____

IRB Number: _____

Amount Requested: _____

Account Number: _____

Date check is needed: _____

(Please allow two weeks from the date of the request submission)

Begin date of study: _____

(Use the first day that funds from this cash advance request will be used to reimburse participants)

End date of study: _____

(the end date of the study should be within six months of the begin date and no later than the end date of your current appointment. If your appointment expires before the end date of the cash advance, please provide confirmation of a future appointment that will extend to or beyond the cash advance end date.)

Justification for the advance:

(This should include the number of participants expected, the dollar amount(s) of compensation for participation, and the amount of time/number of visits required of participants)

If cash funds will be distributed to participants, please indicate the person to notify when cash advance is ready:

Name: _____

Phone: _____

Email: _____