

RESEARCH PARTICIPATION PAYMENT REQUEST
For Payment by Check

Revised 6/23/14



TEXAS A&M SYSTEM
Sponsored Research
Services

Department Requesting Payment:

Date: _____ College/Division: _____
Department: _____ Mail Stop: _____

Payment Information:

Participation fee will be paid after research completion and the receipt of required documentation from the research participant. Applicable taxes will be applied.

Total Research Participation Fee Due (OCC 5667): \$ _____

Account to Pay From: (xx-xxxxxx-xxxx) _____ Approved IRB No: _____

Description
of Services
Provided and
Date(s) of
Participation:

Participant Information:

Name: _____ SSN or TIN:* _____

Mailing Address: _____

City, State, Zip: _____

Telephone No: _____ Email Address: _____

**SSN or TIN only required if payment will be greater than \$100.00.*

Participant Certification:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person, and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Signature of U.S. Person: _____ Date _____

I am a Foreign National. I understand that eligibility for payment for this research participation is dependent upon my Visa status, that it must be determined in advance of any participation in research and that additional documentation will be required to process payment. (Please ensure payment eligibility before contracting for services.)

Signature of Foreign Research Participant: _____ Date _____

Research Coordinator Name	Research Coordinator Signature	Date
Research Coordinator Email	Research Coordinator Telephone No	
PI or Authorized Delegate for Payment Name	PI or Authorized Delegate for Payment Signature	Date
Human Subject ID No.:		