



Campus Reference # _____

7-10 digit alpha-numeric

Use this form for **each** Human Subject/Research Participant who participates in sponsored research activities, or student survey activities. **DO NOT USE THIS FORM FOR PARTICIPANT SUPPORT STIPENDS, EXPENSE REIMBURSEMENTS, OR PARTICIPANT SUPPORT REIMBURSEMENTS. NO HANDWRITTEN FORMS WILL BE ACCEPTED.**

Submit the completed, signed, and approved form to apinvoices@gatech.edu for processing. One email per participant payment requests along with all required documentation as **one** pdf attachment. Must include the Office of Research Integrity Assurance IRB Approval Form. All consent forms must be fully completed and signed.

Note: All participants receiving cumulative amounts greater than the annual threshold of \$599 must be enrolled in our supplier portal and submit a current year W-9 form to ensure accurate reporting to the IRS.

The turnaround time for payments to be processed once all the steps below are followed is 5-10 business days.

BUSINESS PURPOSE / DESCRIPTION: _____

***MUST PROVIDE A BRIEF DESCRIPTION**

PAYMENT TYPE:

- ☐ HUMAN SUBJECTS
- ☐ RESEARCH PARTICIPANT ***MUST BE CONDUCTING RESEARCH**

PAYEE INFO: (FOR PAYEES REGISTERED IN WORKDAY-CHECK WILL BE MAILED TO THE ADDRESS LISTED IN WORKDAY)

Payee Name (Last Name, First Name): _____ Email: _____

Mailing Address (U.S. mailing address only): _____

Address line 1(include APT/STE/Unit #) _____

Address line 2: _____

City: _____ State: _____ ZIP-CODE: _____

WORKDAY ACCOUNT INFO:

Spend Category:	Driver Worktag (GRANT/DESIGNATED):	Amount: \$
SC751113-Research Participant SC751115-Human Subject		

NOTE: All payments will be sent via U.S. Mail to the address listed above. Payees are not able to claim checks in person at PBS.

Special Handling Reason:(leave blank if no request)

- ☐ **CAMPUS MAIL:** Enter [DEPT mail code](#): _____
- ☐ **DEPARTMENT PICK-UP:** Provide GA Tech employee name and email: _____

Clear this section

DEPT/UNIT APPROVAL:

"I certify that I have reviewed this payment and find it compliant with Georgia Tech procurement policies & procedures. This payment is an appropriate expense to fund source(s) identified and I hereby authorize payment."

Authorized Approver Signature and Date: _____

Printed Name of Approver: _____

Supplemental Approver Signature (\$3000+) and Date: _____

Name of Department Contact: _____