Emory Department of Pediatrics
Sponsor Provided Research Participant Payment Form

Instructions:
1. Immediately upon receiving funds, place them in a secure location.
2. Complete the study staff sections and email to DOPstipends@emory.edu
3. You will be contacted with an appointment time to meet with DOP Finance to inventory funds.

TO BE COMPLETED BY STUDY STAFF

Principle Investigator:

Study Title:

IRB Number:

Award ID   Project Number

Date Received

Sender Name

Sender Company

Recipient name listed on shipment

Person who signed for shipment

Type of Funds

Total amount received

TO BE COMPLETED BY DOP FINANCE STAFF

All information above verified?	yes	If gift cards, 2 cards or 20% of inventory were checked for correct balances?	yes
	no		no

DOP Finance Staff #1   Date

DOP Finance Staff #2   Date

SIGNATURES/AUTHORIZATIONS - All Applicants Complete this Section

By signing this form, I attest the information contained herein is true and accurate and this fund will be operated in accordance with Emory University Finance guidelines and polices AND the Department of Pediatrics policies and additional guidelines. I understand that failure to adhere to the Research Participant Payment Fund Policy & Procedures and/or the department of Pediatrics policies and guidelines can result in account suspension and/or revocation. **I understand that improper or fraudulent use of this fund may result in disciplinary action up to and including termination of my employment.**

Note: Custodians must be Emory Employees. Custodians cannot be students, consultants, or temporary employees.

Custodian 1: _____ _____ ☐☐☐☐☐☐☐
NAME (please print)   SIGNATURE   EMPLOYEE ID#

_____ _____ _____
PHONE NUMBER   EMAIL ADDRESS   DATE

Custodian 2: _____ _____ ☐☐☐☐☐☐☐
NAME (please print)   SIGNATURE   EMPLOYEE ID#

_____ _____ _____
PHONE NUMBER   EMAIL ADDRESS   DATE

Alternate Custodian 1: _____ _____ ☐☐☐☐☐☐☐
NAME (please print)   SIGNATURE   EMPLOYEE ID#

_____ _____ _____
PHONE NUMBER   EMAIL ADDRESS   DATE

Alternate Custodian 2: _____ _____ ☐☐☐☐☐☐☐
NAME (please print)   SIGNATURE   EMPLOYEE ID#

_____ _____ _____
PHONE NUMBER   EMAIL ADDRESS   DATE

Principal Investigator: _____ _____ _____
NAME (please print)   SIGNATURE   DATE

Research Administration: _____ _____ _____
NAME (please print)   SIGNATURE   DATE

Department approval: _____ _____ _____
NAME (please print)   SIGNATURE   DATE

Operating Unit approval: _____ _____ _____
NAME (please print)   SIGNATURE   DATE