



THE UNIVERSITY OF MICHIGAN
STEPHEN M. ROSS SCHOOL OF BUSINESS
RESEARCH SUBJECT PAYMENT FORM

RSB Exception received from E. Jennings on 7/17/08

TO BE COMPLETED BY RESEARCHER

PLEASE PRINT LEGIBLY

University School or Unit: Ross School of Business

Researcher Name: _____

Researcher Telephone Number: _____

Cash, Gift card, or check Amount: \$ _____

Or (enter non-cash item name and value): \$ _____

Indicate payment option	Observe instructions for each option
<input type="checkbox"/> Cash or gift card from P-card from ATM withdrawal	Retain completed Research Subject Payment Form for receipt purposes
<input type="checkbox"/> Cash from UM Cashier's Office	Send research subject to Cashier's Office (2226 SAB) with a completed Research Subject Payment Form and photo ID
<input type="checkbox"/> Check to be mailed from Accounts Payable	Send completed Research Subject Payment Form to Accounts Payable, 5091 Wolverine Tower 1287
<input type="checkbox"/> Non-cash item such as a mug, t-shirt, or clock	Retain completed Research Subject Payment Form for receipt purposes

I certify that the payments are in compliance with all conditions imposed by the SPG 501.7 and the funding source.

Researcher Original Signature _____

Date _____

Provide shortcode or chartfield combination.

Shortcode	Account	Fund	DEPTID	Program	Class	Project/Grant
	613100					

TO BE COMPLETED BY RESEARCH SUBJECT

PLEASE PRINT LEGIBLY

I have received the above described payment for my participation in this research study.

First MI Last

Social Security number or UMID is required if cash/gift card for the study is over \$25.00.

Street Address _____

City, State, Zip _____

Research Subject Signature _____

Date _____

Check if subject is unavailable for signature.