



Human Subjects/Research Participant

Campus Reference# _____

7 DIGIT NUMERIC

Use this form for Human Subjects/Research Participants ONLY who participate in sponsored research activities, or student survey activities. Please submit completed, approved form to apinvoices@gatech.edu for processing. DO NOT USE THIS FORM FOR PARTICIPANT SUPPORT STIPENDS OR PARTICIPANT SUPPORT REIMBURSEMENTS.

BUSINESS PURPOSE / DESCRIPTION: _____

***MUST BE FILLED OUT**

PAYMENT TYPE:

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

PAYEE INFO:

PAYEE Name (Last, First Name for Individuals): _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Country: _____

ACCOUNTING INFO:

FORMS: JULY 2019

Spend Category:	Driver Worktag:	Amount: \$
Spend Category:	Driver Worktag:	Amount: \$

MAIL: NOTE—ALL PAYMENTS ARE SENT VIA U.S. MAIL OR ACH, UNLESS OTHER ROUTING REQUESTED BELOW,

- CAMPUS MAIL MAIL CODE: _____
- CALL FOR PICK UP NAME/PHONE #: _____

Special Handling Reason _____

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 Approval Signature: _____ Date: _____

Printed Name of Approver: _____ Date: _____

Supplemental Approval (\$3000 +): _____ Date: _____

Printed Name of Department Contact: _____ Date: _____