

Instructions:

- Complete this form once for each study/IRB protocol and custodian.
- Submit completed form to your Business Office.
- With completed form, also submit *either*:
 - IRB approved consent document/information sheet with payment information; - or -
 - If applicable, documentation of IRB waiver of documentation of consent.

Note: This form is to be completed once for each study/IRB protocol and custodian. An updated form may be needed if the information changes significantly (i.e., funding changes).

Section I: Study Information			
Principal Investigator ("PI") making request:			
Name of the study:			
Institutional Review Board ("IRB") protocol number(s):			
Type of consent form to be provided to study participants:	<input type="checkbox"/> VA consent form and Notice of Privacy Practices ("NOPP") <input type="checkbox"/> Informed consent document <input type="checkbox"/> Waived – must provide documentation of waiver		

Section II: Advance Fund (Spend Authorization) Information			
Primary Custodian:			
Secondary Custodian (optional):			
Physical location of fund:			
Workday COA:			
Award #:		Award start date:	
Award end date:			
Type of compensation to be made available to study participants (please check <u>ALL</u> that apply):	<input type="checkbox"/> Cash <input type="checkbox"/> Parking / travel <input type="checkbox"/> Gift cards <input type="checkbox"/> Other – please explain: <input type="checkbox"/> Meals		

Section III: Custodian and Principal Investigator Signatures			
By signing below, I attest and agree as follows: <ul style="list-style-type: none"> ▪ The information provided in this form is complete and accurate to the best of my knowledge; ▪ Advanced funds will be appropriately safeguarded (locked, fireproof, immovable, etc.) and managed, and expenses will be properly recorded and reported until they are distributed; ▪ Custodian has direct knowledge of expenditures, will issue individual remuneration to study participants in the study, and will adhere to the Yale approved IRB protocol; ▪ Advanced funds will be reconciled on a monthly basis with supporting documentation verifying participation in the study (e.g., participant record log); ▪ Unused cash, gift cards, and/or debit cards will be returned to the department Business Office or Treasury, as required to close the advance; and ▪ This individual is authorized to create Spend Authorizations on the sponsored award listed above. 			
Custodian signature:		Date:	
PI signature:		Date:	

Section IV: Departmental Business Office Approval			
By signing below, I attest and agree as follows: <ul style="list-style-type: none"> ▪ The information provided in this form is complete and accurate to the best of my knowledge; and ▪ I approve the requested study participant disbursement. 			
Departmental Business Office signature:		Date:	
Printed name of Business Office representative:			
Note: Business Office is responsible for retaining this completed form in their department files.			

Relevant Policy References:

- [Procedure 3417 PR.01](#) Human Research Study Participant Remuneration Process
- [Policy 3305](#) Expense Advances