Process Flow – Study Participant Advance Request (SPA) and Study Participant Replenishment/Clearing (SPR)

Please Note: If CASH is the preferred method of payment, the Study Participant Advance should be submitted/processed with Treasury Services.

**Process Flow – Requesting a Study Participant Advance (SPA)**

1. Study Participant Advance (SPA) is submitted to YSS for a check payment to be processed.
2. SPA is reviewed for accuracy.
3. AP Processor enters information into ORACLE.
4. SPA is uploaded to ORACLE and released for check payment.
5. ENDS.

Please Note: If CASH is the preferred method of payment, the Study Participant Replenishment should be submitted/processed with Treasury Services.

**Process Flow – Clearing or Replenishing a Study Participant Advance (SPR)**

1. Study Participant Replenishment/Clearing (SPR) is submitted to YSS for clearing of original advance or a check payment for replenishment.
2. SPR is reviewed for accuracy.
3. AP Processor enters information in ORACLE.
4. FOR REPLENISHMENT: SPR is uploaded into ORACLE and released for check payment of replenishment against original advance.
5. ENDS.
6. CLEARING: SPR is uploaded into ORACLE and processed. No payment is made, original SPA is cleared and closed.
### What Can Go Wrong That Could Delay or Prevent Accurate & Timely Payment

- Forms are incomplete and missing necessary information.
- Invalid PTAEO (Charging Instructions)
- Invalid Approver/Authorizer
- Study Participant Advance # not included on Study Participant Replenishment/Clearing

### What Can Be Done to Ensure a Smooth Process

- Forms are complete.
- Verify PTAEO is valid through PTAEO validator before sending invoice to AP for payment [https://www-iisp1.its.yale.edu/onlineval/ptaeoval.asp](https://www-iisp1.its.yale.edu/onlineval/ptaeoval.asp)  
  *(For transaction type choose Accounts Payable)*
- Be sure that the Approver (Authorizer) is a valid disbursement approver in START, name and signature are legible.
- Include SPA #s on all SPRs so they may be replenished or cleared properly. There should not be any comingling of advances among Principal Investigators
Study Subject Advances (SPA) and Study Subject Replenishment/Clearing (SPR) Checklist

- **Key Elements: Study Subject Advances**
  - Study Participant Advance# (TCN)
  - Advance Custodian Name (University employee responsible for fund)
  - PI Name
  - Research Study Title
  - Yale IRB # (also referred to as the Study’s HIC#)
  - Department and Phone Number
  - Funds Requested From: Accounts Payable or Treasury Services
  - Valid PTAEO
  - Dollar Amount
  - Billing Name and Address of where funds will be located
  - Description of where funds will be secured (i.e. locked safe in a locked room)
  - Printed Name and Signature of PI or Designee
  - Printed Name and Signature of Business Office Authorizer

- **Key Elements: Study Subject Replenishment/Clearing**
  - Study Participant Replenishment/Clearing# (TCN)
  - Replenish Through: Accounts Payable or Treasury Services
  - Advance Custodian name
  - PI Name
  - Yale IRB# (also referred to as the Study’s HIC#)
  - Campus Address
  - Department Name and Phone Number
  - Advance Custodian Email
  - Date
  - List of Study Participants’ ID Number or Name
  - Date of Payment
  - Amount
  - Valid PTAEO
  - Study Participant Advance # associated with the replenishment/clearing
  - Printed Name and Signature of Advance Custodian
  - Authorizer Signature
- **Example of Study Participant Advance Request (SPA)**

```
3417 FR.01 Human Research Study Participant Advance Request

PI Name:
Research Study Title:
Department:
Phone:

Funds requested from:
- Accounts Payable
- Treasury Services

SPA #: (Study Participant Advance #)
Yale HRB #

This form requires a Transaction Number TCN:
- Click here for TCN

Distribution Code

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<th>Award (6)</th>
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Building name and address where the funds will be located:
(note: check will be delivered to this location)

Room Number:

Describe how the funds will be secured in the space below:
(locked, introspect, immovable, etc.)

PI or Designee name (print):
Department:
Phone:

PI or Designee’s Signature/Date:

Business Office Authorizer’s Signature/Date:

Received by: (print name)
Signature/Date:

For Internal Use Only

Amount In Cash:

Amount In Traveler’s Checks:
```

- **Example of Study Participant Replenishment/Clearing (SPR)**

```
3417 FR.02 Human Research Study Participant Replenishment/Clearing

Revision Date: 3/31/10

HUMAN RESEARCH STUDY PARTICIPANT

Advance/Petty Cash Custodian Name:
Yale HRB #

SPR #: (Study Participant Replenishment #)

Department and Phone:
Advance/Petty Cash Custodian Email:

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Total Expenditures:

Amount to reduce advance (SPA #)

Amount (for fee) to be

Advance/Petty Cash on Hand before any reimbursement:

Total Approved Study Participant Advance:

Received by: (print name):
Signature and Date:

Amount in Cash:
Submit completed form to Accounts Payable for check replenishment or Treasury for cash replenishment.

Amount in Traveler’s Checks:
Business Office Authorizer Signature and Date: