



University of California
San Diego

CERTIFICATION OF PAYMENT TO HUMAN SUBJECTS

IRB Number: _____

Index Number AND Fund to be Charged: _____

Department Name: _____

This is to certify that I made cash payments or provided gift certificates to:

_____ or _____
of informants # of human subjects

Cumulative total: \$ _____
(Number)

During the period: _____ to _____
(Date) (Date)

Location: _____

Name of study or trial: _____

CHECK THE APPROPRIATE STATEMENT:

A listing is attached of all persons who received payment for services.

All payments were in accordance with local standards or customs for type of demand placed on such individuals. The success of the research effort was dependent upon the individuals remaining anonymous

Principal Investigator Signature: _____

Print Name: _____

Date: _____

OUTSTANDING AMOUNT \$:

RETENTION:

- Record copy: 5 years, subject to Contract & Grant requirements
- Other copies: 0 - 5 years

REFERENCE: PPM 350-10; UCSD Policy & Procedures Manual; Financial Administration - Disbursements