

Research Study Participant Payment Request

Principal Investigator (PI) Authorization

Purpose of Form: This form is used to record the Principal Investigator’s authorization for payment to research study participants.

Part 1: Completed by the department entering the NONPO Payment Request

Date:		Protocol/IRB #	
NONPO Invoice Number(s):		Total Amount Requested (Must equal Total of the NONPO Invoice Amount(s))	
Individual Authorized to Pick up Check(s):		Email Address:	

Part 2: Principal Investigator Authorization and Compliance Statement

<p>By signing below, I confirm that I have read and agree to comply with UMB Policy VIII-99.00 (B) and Administration & Finance Procedure #3706. I acknowledge that as the Principal Investigator I am required to verify, sign, and date the log of all study participant payments and I am required to verify, sign, and date the reconciliation of the funds received, disbursed, and remaining for this request.</p>	
Principal Investigator Signature	Principal Investigator Name (Please print/type)
Date	
<p>The University of Maryland, Baltimore is compliant with the regulations and conditions set forth in the Health Insurance Portability and Availability Act of 1996 (HIPAA).</p>	

Part 3: Upload this completed authorization into Quantum Financials with each NONPO Payment Request for the study referenced above.

Questions may be sent to:
FS-Workingfund@umaryland.edu

If you need to speak with someone, call Damon West at 410-706-1485.