

**REQUEST CASH ADVANCE FOR HUMAN SUBJECT INCENTIVES**

Department of \_\_\_\_\_, Stanford University

**ADVANCE#** \_\_\_\_\_

I, \_\_\_\_\_, understand that by requesting this cash advance for human subjects incentive payments, I will be responsible for:

- Handling these funds in a safe and secure manner.
- Obtaining the required information from human subjects (name, address, date, amount received and signature).
- Only spending the advance for human subject incentive payments.
- Maintaining funds separately for each study, as research funds cannot be commingled.

I understand that failure to meet the responsibilities outlined above could preclude me from receiving future advances.

I understand that a cash advance for human subject incentive payments may not exceed the [advance maximum](#).

In the event that I do not return the advance and/or properly account for the use of the funds within 4 months (120 days), the University may hold me personally responsible for the repayment of those funds. If necessary the remaining amount of the funds advance will be tax reported or deducted from my University Payroll according to applicable State and Federal regulations.

In the event my employment is terminated, I agree to repay any portion of the cash advance outstanding at the time of my termination. It is at the University's discretion as to whether the amount will be tax reported or deducted from my final paycheck or paid via personal check or money order.

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**FINAL CLEARING DATE** \_\_\_\_\_

*Maximum of 4 months from date of request*

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Requester name:	Faculty Name: (Advising faculty; Funds owner)
Name of Study:	IRB Protocol Number:
Account to charge (PTA):	Total amount of advance (\$):
Expected Number of Subjects:	Expected Payment amount to each participant (\$):
Date of Study: (from-to)	Faculty/Study Administrator Signature: