

**Valdosta State University  
RESEARCH PARTICIPANT PAYMENT LOG**

Responsible Researcher: \_\_\_\_\_

Department: \_\_\_\_\_

IRB Protocol Number: \_\_\_\_\_

Title of Research Project: \_\_\_\_\_

**INSTRUCTIONS TO RESEARCHER:** For each payment made, complete Columns A-C. If the participant is not expected to receive \$600 or more from all VSU sources in the current calendar year and protection of his/her identity is not required by the IRB, complete Columns D and E only. If the participant is not expected to receive \$600 or more from all VSU sources during the current calendar year but the IRB requires protection of his/her identity, complete Column F only. If the participant is expected to receive \$600 or more from all VSU sources in the current in the calendar year, complete Columns D, E, G, and H. The identity of these individuals cannot be protected, and they may receive a Form 1099 at the end of the year. Read the certification statement below, sign and date the log, and submit it with the weekly petty cash fund reconciliation or the cash advance reconciliation.

COMPLETE FOR ALL PARTICIPANTS			COMPLETE WHEN PROTECTION OF THE PARTICIPANT'S IDENTITY IS <u>NOT</u> REQUIRED		COMPLETE WHEN IDENTITY PROTECTION IS REQUIRED	COMPLETE ONLY WHEN THE PARTICIPANT IS LIKELY TO RECEIVE \$600 OR MORE FROM ALL VSU SOURCES DURING THE CURRENT CALENDAR YEAR	
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
Date of Payment	Amount or Value of Payment	Researcher Initials	Participant Name	Participant Signature	Study ID # or Pseudonym	Social Security Number	Mailing Address
	\$						
	\$						
	\$						
	\$						
	\$						
	\$						
	\$						
	\$						
	\$						
	\$						

**Responsible Researcher's Certification:** *I do solemnly affirm, under criminal penalty of a felony for false statements subject to punishment by fine and/or imprisonment, that the information provided above is accurate and that the payments described have been made to research participants in accordance with the IRB approved research protocol and university financial procedures.*

Responsible Researcher's Signature: \_\_\_\_\_

Date: \_\_\_\_\_