

TO BE FILLED OUT BY PARTICIPANT

[All fields are required]

PAYMENT IS EQUAL TO OR GREATER THAN \$300

PLEASE PRINT LEGIBLY

Date(s) of participation: _____

Full Legal Name: _____

Mailing address: _____

Phone number: _____

Amount: _____

Social Security number: _____

Association [if applicable]: Vanderbilt Student Vanderbilt Employee

Citizenship: U.S. citizen/permanent resident? YES NO

Signature of recipient: _____

The Internal Revenue Service considers total payment of \$600 or greater received from Vanderbilt University/Vanderbilt University Medical Center in a calendar year (Jan-Dec) to be taxable and reportable.

TO BE FILLED OUT BY EXPERIMENTER

Title of Study: _____

Description of participation: _____

Location of Participation: _____

Principal Investigator: _____

IRB protocol #: _____

Budget/Grant to be charged: _____

Experimenter: _____