

## TO BE FILLED OUT BY PARTICIPANT

[All fields are required]

**PLEASE PRINT LEGIBLY**

Date(s) of participation: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
[Middle Name required]

E-mail Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Amount\*: \_\_\_\_\_

Payment type:  Cash  Gift Card

Association [if applicable]:  Vanderbilt Student  Vanderbilt Employee

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

*\*Payments of \$300 or more must be processed through procurement.*

*\*\*Payments to Non US Citizens must be processed through procurement.*

**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: \_\_\_\_\_