

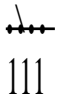
Guidelines for Completing the Study Participant Payment Working Fund  
Request Form

1. Last name, First name of payee/participant (No nicknames)
  2. Social Security number for all payments greater than \$99.99
  3. Street Address for all payments greater than \$99.99
  4. City for all payments greater than \$99.99
  5. State for all payments greater than \$99.99
  6. Zip Code for all payments greater than \$99.99
  7. The full typed chart-string (all 7 sections/boxes)
  8. The amount, supporting paperwork must reflect the total requested
  9. A short description (under 30 characters) - this will print on check
  10. Department name
  11. Protocol/IRB # - supporting paperwork must reflect the same number
  12. Requestor person - must be able to assist if issue occurs
  13. Date request is submitted to Working Fund
  14. Email address of requestor
  15. Phone number to reach requestor
- Note: If the requester is unable to pick up check(s) when ready, an email must be sent to Working Fund with the name of the party that will pick up check. The pick-up person must bring a copy of the email to Working Fund when picking up the check(s).
16. Principal Investigator (PI) signature - supporting paperwork must reflect

the same name.

17. Print the name of the PI
18. Date all forms that require a signature
19. Department Head signature (SEE Signatory Authority Forms in your dept.  
for a list of approved signers)
20. Print the name of the Dept. Head who signed the form
21. Date all forms that require a signature
22. The title of the Dept. Head

\*\*\* Copies or electronic signatures are not allowed.



## Study Participant Payments Working Fund Request Form Instructions

The Study Participant Payments Working Fund Request Form (SPPWFR) is used to request a Working Fund check for study participant payments. The check can be made payable directly to the study participant or when study participants are paid in cash or gift cards, the check can be made payable to a designated person from the department.

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**Step 1: Complete all fields on the SPPWFR.**

All fields are required except for the Social Security Number (SS#) and address fields. SS# and address are required for individual check payments of \$100 or more.

**Step 2: To avoid processing delays:**

- **Include the following Attachments:**

	Research Consent Form (including the study number) <b>Study Number = Protocol/IRB #</b>
	Payment Information Page from the grant/award showing allowable payment information
	Any supplemental information needed to substantiate payment and amount - e.g. mileage payments
	RAVEN printout showing the activity in the project account 4862

- **Required Approvals:**

	The Principal Investigator (PI) and the Department Administrator (or Designee) signatures are required and must be two different people.
	Clearly print/type the names of the PI and the Department Administrator (or Designee) in the appropriate fields and include the date.
	Ensure signatory authority is on file for the Department Administrator (or Designee) signing the form.

**Step 3: Review all documentation, place the SPPWFR on top of the paperwork, and submit to the address on the form.**

**Step 4: Refer to Financial Services Standard Operating Procedure No. 3706, Section II - Sources of Compensation for additional information.**

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Email questions to [FS-Workingfund@umaryland.edu](mailto:FS-Workingfund@umaryland.edu)

If you need to speak with someone, call Kenyatta Woolridge at 410-706-2155.

Financial Services  
**Study Participant Payments  
Working Fund Request Form**

FS USE ONLY	
Check#:	_____
Check date:	_____
VZ#:	_____
Request Approval:	_____
Check Approval:	_____

**INSTRUCTIONS**

Payee Legal Name: /Last, First MI) <b>1</b>	SS#: (Required for individual check payments \$100) <b>2</b>			
Payee Address: (Required for individual check payments ≥ \$100)	Street <b>3</b>	City <b>4</b>	State <b>5</b>	Zip code <b>6</b>

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Account	Project ID	Fund	PCBU	Owner Department	Transaction Department	Program	Amount
Choose:							<b>8</b>

Memo/Description (Maximum 30 characters - will be printed on check) <b>9</b>			
Requesting Dept, ID & Dept. Name: <b>10</b>	Protocol/IRB # <b>11</b>		
Requestor/Contact person: <b>12</b>	Date: <b>13</b>		
E-mail: <b>14</b>	Phone: <b>15</b>		

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 and I acknowledge the Principal Investigator is required to verify, sign, and date the log of all study participant payments, I also acknowledge the Principal Investigator and the Administrator (or designee) are required to verify, sign, and date the reconciliation of the funds received, disbursed, and remaining for this request,

<b>16</b>	<b>17</b>
Principal Investigator Signature	Principal Investigator Name (Please print/type)
Date <b>18</b>	

<b>19</b>	<b>20</b>
Department Administrator (or Designee) Signature (Signatory Authority: Form must be on file in Financial Services)	Department Administrator or (Designee) Name (Please print/type)
Date <b>21</b>	Title <b>22</b>

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),

Return <u>original form</u> and supporting documentation to:  General Working Fund Financial Services The Saratoga Building- Room 02-125 220 Arch Street Baltimore, MD 21201	Questions may be sent to:  <u>FS-Workingfund@umaryland.edu</u>  If you need to speak with someone, call Kenyatta Woolridge at 410-706-2155.
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