

SUBJECT PAYMENT FORM (revised 10/24/2014)
Department of Psychology, Harvard University

For Business Office only: INV# _____
Web Voucher# _____

**Section 1: ALL participants must print and sign their names BEFORE participating in a study.
Please WRITE Clearly!**

1. I am participating in a confidential research study on 02/03/2017 for compensation of \$ 35.
Date of study (mm/dd/yyyy) Amount
2. Participant's Legal First and Last Names (PRINT): Bill James
3. Participant's Signature: [Signature]
4. Identity CODE 12345 (The 5 or 6 digit number assigned to you when you created a Study Pool account)

To be completed by the Researcher: (DO NOT cross out or white out the FUND name below)

5. PI/Professor's LAST Name: Gershman FUND Name: CRCNS
6. Researcher's Name (PRINT): Kommers
7. Researcher's Signature: [Signature]
8. How will you pay participant? CASH up to \$100 (Must pay by check for amounts over \$100.)
 CHECK (Participants MUST complete Section 2 below. Foreign Nationals must be pre-approved. Look for the Study Pool Coordinator's signature below.)

Section 2: ONLY complete if payment is by CHECK. Payments over \$100 must be made by CHECK.

9. Are you a US Citizen or Permanent Resident? Yes No
If the answer is NO, payment must be made in CASH or you must have approval from the Harvard's Tax Office to be paid by check BEFORE participating in the study. To get approval:
- You need to be affiliated with Harvard University (faculty, staff, student, etc.). Your United States visa or your I-20 Form should list "Harvard University" as the sponsoring institution.
 - You need to contact the Study Pool Coordinator BEFORE you participate in the study. (See Page 2 for more details.)
10. Are you a Harvard University Employee? Yes No
(Check YES if you receive benefits like paid vacation time or other benefits from Harvard.)
11. Harvard ID # (Employees AND Students): _____
12. Social Security Number (SSN) or TIN (for everyone except Harvard Employees): _____
13. Email Address (PRINT CLEARLY): _____
14. Permanent Address (REQUIRED): **PRINT CLEARLY** Mailing Address for your CHECK if it is different from
(Must NOT be a Dormitory Address, Business, or PO Box) your Permanent Address
- Street: _____
City, State/Province: _____
Country/ Zip Code: _____

 Study Pool Coordinator's signature = APPROVAL for a Foreign National to be paid by University Check

Study Pool Coordinator (Signature): _____ Date: _____