RESEARCH PARTICIPATION MULTIPLE PAYMENT CERTIFICATION FORM

For Payment by Cash or Gift Card**

Revised 10/14/20

TEXAS A&M UNIVERSITY

Participant Certification:
My signature below indicates that I have received, or will receive through reimbursement (cash or gift card) for my participation in the study.

Department/Unit Use Only:

IRB protocol No.:

Are you a nonresident Foreign National?*	Do you expect to receive $250 or more for all compensation from Texas A&M University for the current calendar year?*	Printed Name of Participant or Researcher Assigned ID number	Signature of Participant (initials for coded/anonymous studies or email address for internet study)	Date	Amount Paid	Individual Disbursing Funds Printed Name	Initials
☐ Yes ☐ No	☐ Yes ☐ No						
☐ Yes ☐ No	☐ Yes ☐ No						
☐ Yes ☐ No	☐ Yes ☐ No						
☐ Yes ☐ No	☐ Yes ☐ No						
☐ Yes ☐ No	☐ Yes ☐ No						
☐ Yes ☐ No	☐ Yes ☐ No						
☐ Yes ☐ No	☐ Yes ☐ No						
☐ Yes ☐ No	☐ Yes ☐ No						
☐ Yes ☐ No	☐ Yes ☐ No						
☐ Yes ☐ No	☐ Yes ☐ No						
☐ Yes ☐ No	☐ Yes ☐ No						
☐ Yes ☐ No	☐ Yes ☐ No						
				Total Amount Distributed			

**Participants who answered Yes must complete the Individual Payment Certification Form. Participant's name, signature, SSN/TIN/UIN, mailing address, and email address are required if participant is a nonresident Foreign National and/or expects payments for all compensation from Texas A&M University to collectively total $250 or more for the current calendar year.*
***This form also serves as the payment log when reimbursing a working fund or a departmental clearing account.*

Signature of Principal Investigator: _____ _____ _____

Affiliated Department/Unit ***Date***