

Valdosta State University Confidential Research Payment Receipt

(Instructions for Researcher: If the IRB has determined that the identity of the research participant must remain confidential, complete the payment information, secure the participant's signature, and retain this signed receipt in the confidential research file for seven years from date of signature. Note that this form cannot be used for research participants who are VSU employees, nonresident aliens (i.e., foreign nationals), or individuals who are expected to receive \$600 or more from all VSU sources during the current calendar year because IRS regulations preclude confidentiality.)

IRB Protocol Number: _____

Date of Incentive Payment: _____

Amount/Value of Payment: _____

Financial regulations require Valdosta State University to document payments to research participants. However, the Institutional Review Board, the committee responsible for ensuring the rights and welfare of research participants, has determined that your identity as a study participant should be protected and not released to financial staff and auditors without a well-justified need to know.

The University asks that you acknowledge receipt of your research payment by signing below. The researcher will keep this receipt confidential and will store it in a secure location. Any request from financial auditors to verify the payment by examination of this signed receipt will first be reviewed by the Institutional Review Board, and all efforts will be made to protect your identity and keep your association with this study confidential.

By signing below, I acknowledge receipt of the research participant payment described above.

Signature of Research Participant

Date