

## RESEARCH PARTICIPANT CASH PAYMENT EXCEPTION

**Purpose:** To document the approval of an exception situation with regards to cash payments to Human Participants in Research.

**Instructions:** Read Guideline RPG03 Payments to Human Participants in Research before completing this form.

**Identity of Project:**

**University's Institutional Review Board (IRB) Number for This Project:**

### PRINCIPAL INVESTIGATOR'S STATEMENT

I am the Principal Investigator for this project. I have read and understood the requirements of Guideline RPG03 Payments to Human Participants in Research and agree to abide by such. I believe that there are compelling reasons that an exception should be granted for this project and cash payments be permitted. I understand that I am solely responsible for ensuring that records are properly established and retained in accordance with Guideline RPG03. I further understand that there may be a potential personal financial liability related to my receiving such a payment from the University if proper records of those payments are not maintained.

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Printed Name of Principal Investigator

Signature of Principal Investigator

Date

### BUDGET ADMINISTRATOR'S STATEMENT

I am the Budget Administrator for this project. I have read and understood the requirements of Guideline RPG03 Payments to Human Participants in Research and agree to abide by such. I concur with the Principal Investigator's assessment for the need to make cash payments. I realize that my budget may be liable for all resulting tax assessments, penalties, and interest from future examinations of cash payments made to research participants in this project.

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Printed Name of Budget Administrator

Signature of Budget Administrator

Date

### UNIVERSITY TAX DIRECTOR

Approved       Declined

Reason (if declined):

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Signature of University Tax Director

Date