

**University of Pennsylvania
C-2 Human Subject Voucher**

☒ This subject will receive \$600 or more this calendar year.
☐ Payment will be issued by check.
☐ This study does not have an IRB waiver of HIPAA.

To be completed if any of the boxes above have been checked:

Subject's Last Name _____

Subject's First Name _____

Last 4 digits of SS# _____

☐ Check if subject is an employee of UPHS, CPUP, UPenn

Fund # _____
IRB Protocol # _____

Please check one:

For U.S. Citizens or Resident Aliens

- ☒ Current calendar year W-9 attached
☐ W-9 previously submitted
☐ No W-9 required – calendar year payment is less than \$600

For Non Resident Aliens

- ☐ Attach Visa, Passport, I94 Card, Valid ITIN or SSN

Description of Visit (use descriptive type: e.g., visit 3 of 6, 6 month follow-up):

Dollar amount of Remuneration \$ _____ 5316 (Human Subject Payments)

Dollar amount of out-of-pocket expenses – list types separately and attach receipts:

Travel/Meals (specify) _____	\$ _____	5206 (Non-Employee Travel)
Travel/Meals (specify) _____	\$ _____	5206 (Non-Employee Travel)
Other _____	\$ _____	5241 (Patient Care Supplies)
Grand Total	\$ _____	

CRC Name (please print) _____

CRC Signature _____ Date _____

This signature certifies the human subject listed above is eligible for payment having fulfilled all requirements outlined in the approved protocol.

Check one box:

- ☐ Subject received **cash** totaling \$ _____
- ☐ No payment received, check to be processed
- ☒ Subject received \$ _____ in the form of a ☐ gift card ☐ money order ☒ other Greenphire ClinCard

Subject Signature _____ Date _____

If no signature is obtained, an explanation is required.

Business office use only:

Advance reference # _____

26-Digit Account Number

CNAC	ORG	BC	FUND	OBJECT	PROG	CREF	\$ Amount
_____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	5206	_____	_____	\$ _____
_____	_____	_____	_____	5241	_____	_____	\$ _____