



Participant Payment Advance Request

Financial Services
 Youngberg Hall
 2385 Irving Hill Rd
 Lawrence, KS 66045
 Telephone: 785-864-3441
 Fax: 785-864-5025
 research.ku.edu

Name: _____ Date: _____

Home address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ Department: _____

Human subjects/IRB approval number: _____

Date(s) of participant payments: _____

Workshop/study description _____

ADVANCE DETAILS

I will require a loan in the amount of:	\$
Date required (mm/dd/yy): <small>(Please allow a minimum of 10 business days to process payment)</small>	
Payment method (choose one)	
A. I am enrolled in KUCR direct deposit	<input type="checkbox"/>
B. Mail to home address	<input type="checkbox"/>
C. Pick up at KUCR	<input type="checkbox"/>
KUCR Project or Cost Center/Fund to be charged:	

I will be incurring research-related expenses while conducting official business for the University of Kansas Center for Research, Inc. I understand this is a LOAN and a KUCR Participant Payment Advance Reconciliation Report, signed receipts and any other supporting documents (including return of excess cash) **MUST be submitted to the KUCR Business Office within 30 days of the completion** of activity as stated above. Outstanding loans may be reported as taxable income at the end of the calendar year. Requests for additional cash advance will be approved only if all prior cash advances have been fully documented in accordance with KUCR Policy.

 ADVANCE RECIPIENT SIGNATURE

 APPROVAL AUTHORITY SIGNATURE

 KUCR APPROVAL

 DATE