

REQUEST FOR CASH ADVANCE FOR RUNNING SUBJECTS:

Purpose of Advance: fMRI or EEG subject Payment

Number of Subjects: \_\_\_\_\_

Amount to be Paid per Subject: \$\_\_\_\_\_

TOTAL AMOUNT BEING REQUESTED: \$\_\_\_\_\_

Account Number to be charged: \_\_\_\_\_

TITLE & IRP # STUDY: \_\_\_\_\_

APPROXIMATE RUN DATE: \_\_\_\_\_

Signature of Person Requesting: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of Principal Investigator: \_\_\_\_\_

NOTE: PARTICIPANT SIGNATURES ARE TO BE HANDED IN WITHIN 10 DAYS OF ACTUALLY EXPENDING THE FUNDS.