REQUEST CASH ADVANCE FOR
RESEARCH PARTICIPANT PAYMENTS

TO BE COMPLETED BY REQUESTING RESEARCHERS (Please type or print)

Department Name: ____________________________________________
FOP: ________________________________________________________
Researcher: ________________________________________________
Contact Person’s Name: ________________________________
Phone Number: ________________________________
Total Amount Requested: ___________________________________
Denominations: ___________________________________________
When Money Will be Picked Up: _____________________________

Description/Purpose of Research Study (including number of participants and dollar amount to be paid to each participant):

*Research participant payments made to individuals who are not United States citizens or permanent resident aliens (“nonresident aliens”) may not be made with cash and must be paid via the Direct Pay System.

*This cash must be distributed to the research participants and properly reported pursuant to section 3.a. of TTU OP 62.25.

APPROVALS:

__________________________________________
Printed Name of Department Chair

__________________________________________
Department Chair Signature		Date

__________________________________________
University Financial Services		Date