



# HEALTH RESEARCH ASSOCIATION

Los Angeles County / University of Southern California Medical Center

S 7113

## REIMBURSEMENT REQUISITION FOR RESEARCH SUBJECT PARTICIPATION \*

Principal Investigator: \_\_\_\_\_  
 Protocol / Study Title: \_\_\_\_\_  
 Name of Study Sponsor: \_\_\_\_\_

Request Date: \_\_\_\_\_  
 Date Required: \_\_\_\_\_  
 Project Number: \_\_\_\_\_

Please issue checks for services to the following:

| <i>Subject Information</i>   | <i>Dates of Service</i> | <i>\$ Amount Due</i>   | <i>** Internal Use Only **</i><br><i>Do Not Fill In</i>  |
|--|-------------------------|--|--|
| Name: _____<br>Street: _____<br>City, State, Zip: _____<br>Social Sec. #: _____<br>Patient Case #: _____ |                         | \$ _____<br><br><input type="checkbox"/> Hold Check<br><input type="checkbox"/> Mail Check | Employee? <input type="checkbox"/> A/P <input type="checkbox"/> P/R<br>Initials / Date: _____<br>Vendor / EE #: _____<br>Commitment #: _____<br>G/L Account #: _____ |
| Name: _____<br>Street: _____<br>City, State, Zip: _____<br>Social Sec. #: _____<br>Patient Case #: _____ |                         | \$ _____<br><br><input type="checkbox"/> Hold Check<br><input type="checkbox"/> Mail Check | Employee? <input type="checkbox"/> A/P <input type="checkbox"/> P/R<br>Initials / Date: _____<br>Vendor / EE #: _____<br>Commitment #: _____<br>G/L Account #: _____ |
| Name: _____<br>Street: _____<br>City, State, Zip: _____<br>Social Sec. #: _____<br>Patient Case #: _____ |                         | \$ _____<br><br><input type="checkbox"/> Hold Check<br><input type="checkbox"/> Mail Check | Employee? <input type="checkbox"/> A/P <input type="checkbox"/> P/R<br>Initials / Date: _____<br>Vendor / EE #: _____<br>Commitment #: _____<br>G/L Account #: _____ |
| Name: _____<br>Street: _____<br>City, State, Zip: _____<br>Social Sec. #: _____<br>Patient Case #: _____ |                         | \$ _____<br><br><input type="checkbox"/> Hold Check<br><input type="checkbox"/> Mail Check | Employee? <input type="checkbox"/> A/P <input type="checkbox"/> P/R<br>Initials / Date: _____<br>Vendor / EE #: _____<br>Commitment #: _____<br>G/L Account #: _____ |
|  |                         |  | Date Committed: _____<br>Initials: _____   |

Total \$ \_\_\_\_\_

Approved By: \_\_\_\_\_  
 Principal Investigator

\_\_\_\_\_ Contact Person for Check Pick-Up, Phone #

\* Research subject payments are considered reportable taxable compensation to the recipient and a Miscellaneous Income form 1099 may be issued at year-end Taxpayer information including SOCIAL SECURITY # and a FORWARDING ADDRESS is required.

If research subject is currently on Health Research Association payroll as an employee, payment will be processed through payroll as additional employee compensation.

ORIGINAL TO BUSINESS OFFICE