



LOMA LINDA UNIVERSITY

Research Affairs Financial Management
24887 Taylor Street, Suite 202
Loma Linda, CA 92350
Phone: (909) 558-4589 or Ext. 44589
Fax: (909) 558-0199

LLeRA#

Participant Incentive Reimbursement Form

To reimburse a participant, this form must be completed and accompanied by a signed Payment Voucher.
Send original, signed documents to RAFM, (909) 558-4589, rafm@llu.edu.

STUDY INFORMATION - To be completed by the Principal Investigator or staff

| | | |
|---|--|---|
| Principal investigator/Project Director <input type="text"/> | School/Entity <input type="text"/> | |
| Department <input type="text"/> | LLU Account Number <input type="text"/> | IRB Protocol Number <input type="text"/> |
| Project/Study Title <input type="text"/> | | |

STUDY PARTICIPATION INFORMATION - To be completed by the Principal Investigator or staff

| | |
|--|--|
| Date(s) of Study Participation <input type="text"/> | Incentive Amount \$ <input type="text"/> |
| Does incentive amount match compensation amount stated in protocol? If no, please provide an explanation: | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="text"/> | |

PARTICIPANT INFORMATION - To be completed by Study Participant

| | | | |
|--|---|-------------------------------|-----------------------------|
| Name of Participant <input type="text"/> | Name of Legal Guardian (if applicable) <input type="text"/> | | |
| Participant Address <input type="text"/> | City <input type="text"/> | State <input type="text"/> | Zip <input type="text"/> |
| Participant Social Security Number <input type="text"/> | Legal Guardian Social Security Number (if applicable) <input type="text"/> | | |

Print Name of Participant

Participant Signature

Date

Print Name of Legal Guardian

Legal Guardian Signature

Date

Print Name of Witness

Witness Signature

Date