|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Documentation of Disbursement of Payments  Less than or Equal to $100 to Research Study Participants** | | | | | | |
|  | | | | | | |
| **Imprest Cash Receipt Number:** | | | | | | |
| **Department:** | | **College A&S DASNR COE HES BUS CVHS CEAT (Circle One)** | | | | |
| The disbursements from the imprest cash account are for payments to participants in research conducted in accordance with OSU Policy 4-0115, Policy for Protection of Human Subjects in Research. As stated in the policy, such research must be conducted ethically and in compliance with the pertinent Federal and State regulations. These requirements include the protection of the privacy and confidentiality of all participants. Therefore, we are not able to provide an itemized listing of names of these participants. A summary of disbursements from the research project is provided below. | | | | | | |
|  | | | | | | |
| Detailed information on disbursements is available and documented by the faculty/OSU staff member responsible for, or advising, the research. Access to this information is limited to those approved in the Institutional Review Board application and research oversight staff responsible for safeguarding the rights of people participating in research. If documentation is needed for audit purposes, the Accounting office should contact the OSU faculty or staff member who will work with the IRB to provide information that meets the requirement for documentation. | | | | | | |
|  | | | | | | |
| **Research Project Title:** | | | | **Account Number:** | | |
| **IRB Approval Number:** | | |
| **Number of Participants** | **Dollars Paid per Participant** | | | | **Total Dollars Paid** | |
|  |  | | | |  | |
| By signing below, I hereby certify that all dollars have been disbursed to study participants in accordance with OSU Policy 4-0015. | | | | | | |
|  | | |  | | |  |
| **Signature Researcher or Designee who distributed funds** | | | **Print Name** | | | **Date** |
|  | | |  | | |  |
| **Signature**  **Primary Principal Investigator** | | | **Print Name** | | | **Date** |