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Albuquerque, NM 87108
505-260-1033 Fax: 505-256-5467

**PAYMENT REQUEST FOR STUDY PARTICIPANTS
(Initial Request)**

DATE:

TO: BRINM

REQUESTED BY: BRINM Project #:

Requested Amount: \$

Participant: SS#:

Address:

A consent form for this participant is on file for participation in HRRC#:

Study Coordinator:

It is understood that VA employees are prohibited from participating for pay as human research participants in any VA approved research project conducted on duty per Albuquerque VAMC Professional Services Memorandum #151-5, dated March 29, 2005, participant: Obtaining Informed Consent for Human Participation in VA Approved Research Projects, paragraph 3b. **VA employees may participate for pay after duty hours only.**

Investigator Signature

BRINM Account

Card # _____

Payment ID: _____

Date: _____

BRINM Authorization

 I certify that I am not a Veterans Affairs employee

 I certify that I am a Veterans Affairs employee and have participated in this research project only after duty hours for pay.

Participant's Signature of Receipt

Date