

**PAYMENT REQUEST FOR SUBJECT TRAVEL REIMBURSEMENT**

DATE:  DATE CHECK NEEDED

TO: BRINM BRINM Project #:

Please issue a check in the amount of:

Participant Name:  Social Security No.:

Address:

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

It is understood that VA employees are prohibited from participation 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.**

Date of Travel	Mileage Claimed	Rate	Total Reimbursement Requested

Authorized Signature:  BRINM Account:

Check #  Amount:

BRINM Authorization:  Date:

- 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 Signature and Date (to acknowledge receipt of payment)