Participant Compensation Request

Date of Request:

Need Check by:

Participant Name:

Study ID:

Mail Check to address:

Participation Amount:

Travel Reimbursement Amount:

Activity Date:

Activity Description:

Study Coordinator Name:

Study Name/Reference:

PI Signature:

My signature above confirms that a valid HPPA Authorization (or IRB-approved waiver of authorization) is on file for the intended recipient of this compensation.

CRI ED Approval:

109 Bee Street (151) Charleston, South Carolina 29401
Tel (843)-577-5011 ext 5913
www.charlestonresearchinstitute.org