

Request for Use of CAS Imprest Cash Funds

Research Project Title:

Primary Principal Investigator: _____

Department: _____

Campus Address: _____

Campus Phone Number: _____

Campus Email: _____

OSU Account/Fund Number: _____

IRB Approval: _____

Purpose of the Imprest Cash Funds: _____

Requested Amount: _____

If gift cards will be used;

Value of Each Card: _____ Total Number of Cards to Purchase: _____

Will the participant study be done in sessions? _____

If so, please provide session dates: _____

Please note: Participants cannot be paid until after the completion of the research.

Signature
Primary Principal Investigator

Print Name

Date

Signature
Department Head

Print Name

Date

Documentation of Disbursement of Payments Under \$100 to Research Study Participants

Imprest Cash Receipt Number:

Department:

College A&S DASNR COE HES
BUS
 (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 members of the IRB. 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
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Signature Primary Principal Investigator	Print Name	Date
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