Date:

From:

Subject: Study Subject Reimbursement Request

To: CARES (Bldg 1 Rm C303)

Please reimburse the study subject listed below for participation in the following study: (enter study name)

VA Project #/IRB# (Enter both)

Investigator:

Study Subject Name:

Study Subject Address:

Reimbursement Amount: $

Date(s) of Visit:

Visit #

(Check One): \_\_\_\_\_\_\_\_\_Please call or e-mail me and I will pick up check

 \_\_\_\_\_\_\_\_\_Please mail check to study subject

Thank you.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Investigator or Study Coordinator

Hand-Deliver (Bldg 1 Rm C303) or encrypted email to april.morales@va.gov

 (PLEASE DO NOT SEND THIS INFORMATION THROUGH MAIL)