

## Human Subject Reimbursement Procedures

In order to meet the dual requirements of preserving the confidentiality of human subjects' data and ensuring compliance with IRS Tax law and internal controls, the Business and Finance Division and the UHSRC (University Human Subject Research Committee) are implementing the following procedure for payments.

For studies involving **payments of \$50** (includes cash, gift cards or tangible gifts) **or less**, only the number of subjects, amount, and location of log needs be reported to the Accounts Payable Office. Studies in which participants are anonymous should limit payments to no more than \$50. Each department is required to keep a log of recipients on file for review by auditors (both internal and external) and the IRS.

When requesting a cash advance or reimbursement, please use the *Human Subject Cash Advance/Reimbursement Form*.

All Cash advances for human research studies must be reconciled and submitted to Accounts Payable no later than **60 days** after the date of the advance check. Cash advances will only be given to EMU Faculty or Staff (dissertation chairperson). Multiple cash advances may be required for studies where data collection exceeds 60 days. Amount requested should represent that which can be spent within 60 days.

**Payments of more than \$50** to individuals participating in research studies will be recorded by Accounts Payable. All research participants receiving more than \$50 must complete a W9 form and be paid through Accounts Payable. **These individuals must be informed in the consent document that their Social Security number and home address will be required and payments from EMU in aggregate of \$600 or more will be reported to the IRS as compensation.**

For studies involving payments of more than \$50, a Direct Pay form must be submitted for each individual or may accompany a group of W9s.

Confidentiality of subjects for the study must be determined by the UHSRC and justified in the UHSRC approval letter. Any exception to the \$50 anonymous payment must be recommended by the full UHSRC.

EMU employees **may not** receive anonymous compensation for their participation in any human subject research. All Payments for HSR to employees must be processed on an Honorarium through Payroll.

**Human Subject  
Cash Advance/Reimbursement Form**

*Current UHSRC approval letter must be submitted with this form*

Investigator/Researcher \_\_\_\_\_ EID # \_\_\_\_\_

Department/School \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Expense Type: (choose one)

\_\_\_\_\_ Reimbursement

\_\_\_\_\_ Cash Advance

Anticipated completion date of the cash advance (must be with 60 days of today's date)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month      Date      Year

Title of Research: \_\_\_\_\_

Fund/Org/Acct: \_\_\_\_\_

Number of Research Subjects: \_\_\_\_\_

Amount Paid to Each Research Subject: \_\_\_\_\_ (must be \$50 or less)

Total amount of this advance/reimbursement: \_\_\_\_\_

Date in which advance is needed: \_\_\_\_\_ (Please allow 5 Business Days to process)

The purpose of this advance is to obtain money to pay research **SUBJECTS** for their participation in a research study.

In the event that I do not return the advance and/or properly account for the use of the funds within 60 days, the University may hold me *personally* responsible for the repayment of those funds. If necessary the remaining amount of the funds advance will be deducted from my University Payroll according to applicable State and Federal regulations. It is understood that I am unable to obtain another advance until this advance has been cleared.

In the event that I terminate my employment at Eastern Michigan University, I agree to repay any portion of the cash advance outstanding at the time of my termination. It is at the University's discretion as to whether the amount will be deducted from my final paycheck or paid via personal check or money order.

I certify that this is a true statement of research related expenses incurred for official University business in accordance with University policies/procedures.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reporting Authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grants Accounting (if applicable)

\_\_\_\_\_  
Date