



**Payment to Research Subjects Documentation  
Check Request Form**

**Principal Investigator:**

\_\_\_\_\_

**Department:**

\_\_\_\_\_

**Title of Project:**

\_\_\_\_\_

**Sponsor/Fund:**

\_\_\_\_\_

**Protocol #:**

\_\_\_\_\_

**Name of Subject:**

\_\_\_\_\_

**Mailing Address, with City-State-Zip Code:**

\_\_\_\_\_

\_\_\_\_\_

**Social Security:**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
/

**Amount of Payment:**

\$ \_\_\_\_\_

**Date of visit:**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
/

**Martinos Center Contact:**

\_\_\_\_\_

**Signature of Subject:**

\_\_\_\_\_