

# CLINICAL TRIALS – HUMAN SUBJECT REIMBURSEMENT / STIPEND REQUEST FORM

*Revised March 26, 2026*

**Requestor Name (Research Staff):**

**Date:**

<b>Type of Request</b>		
<input type="checkbox"/> Reimbursement <input type="checkbox"/> Stipend		
<b>Subject Information</b>		
<b>Date:</b>		
<b>Subject Name (Last, First):</b>		
<b>Subject Email Address:</b>		
<b>Address (No punctuation in address field):</b>		
<p><b>Address 1:</b></p> <p><b>Address 2:</b></p> <p><b>City:</b> <span style="margin-left: 200px;"><b>State:</b></span> <span style="margin-left: 100px;"><b>Zip:</b></span></p>		
<b>Description of Services</b>		
<b>Study Name:</b>		
<b>IRB#:</b>		
<b>Subject ID / Sequence No:</b>		
<b>Date(s) of Visit(s):</b>		
<b>Reason for Visit(s):</b>		
<b>Total Amount Due (must match the amount on the ICF):</b>		
<b>Requested / Approved by</b>		
<b>Financial Research Administrator Name:</b>		
<b>FAU:</b>	<b>Signature:</b>	<b>Date:</b>

**\*Kindly attach receipt copies for reimbursement requests.**