

RESEARCH SUBJECT PAYMENT FORM
Please print clearly

SECTION 2 –Document #:

Subject Name (first, middle, last): _____

Address: _____

City, State, Zip: _____

Phone Number(s): _____

Email: _____ Social Security Number: _____ – _____

Amount to be paid: \$ _____

Project Name/Account Number/Researcher Name: _____

Date(s) of research: _____

I currently receive fellowship funds from the U of M: _____ YES _____ NO

I currently receive wages or salary from the U of M: _____ YES _____ NO

Certification:

1. The number shown on this form is my correct taxpayer identification number (TIN) and,
2. I am not subject to backup withholding because
 - a. I am exempt from backup withholding, or
 - b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or
 - c. The IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of under-reporting of interest or dividends on your tax return.

I certify that I have incurred the above expenses or provided the above services.

Subject Signature: _____ Date: _____

UM Faculty/Staff Authorized Signer: _____ Date: _____

**IF SUBJECT IS TO BE PAID BY UM CHECK, RETURN THIS TO DOCUMENT BOX OUTSIDE S250 ELLIOIT
INCOMPLETE FORMS WILL BE RETURNED TO THE AUTHORIZED SIGNER**

IF SUBJECT PAID VIA CASH ADVANCE, FACULTY STAFF MUST RETURN COPY OF THIS FORM TO CLOSE CASH ADVANCE

Accounting Approval: _____ Date: _____