



UNIVERSITY OF
SOUTH CAROLINA

**Controller's Office
Research Participant Card Payment Form**

Research Study Title: _____
Department Name if the study is of a sensitive nature

Date of Study Participation: _____

Amount Due: _____

Authorizing Personnel: _____
Research Administrator Printed Name

Research Administrator Signature

Participant Name: _____

Payment Date: _____

Amount Received: _____

Is the Participant a USC Employee? YES _____ NO _____

Participant Signature: _____

I agree to the following:

- The participant information above is accurate.
- I have participated in the above study.
- The amount I have or will receive in this study plus my participation in other USC studies (if applicable) does not exceed \$600 for this calendar