

AFFIDAVIT

I, (name) _____ (SSN or ID#) _____,
Have read and understand the "Payments to Research Participants" and understand my responsibilities.

I understand that, should I fail to account for the funds that I receive in accordance with these procedures*, the amount of those funds will be deducted from my next Payroll check, or added as W-2 reportable wages for me (Department Dean approval), and I will be taxed accordingly.

DATE: _____

PV: _____

AMOUNT RECEIVED: _____

CHECK NUMBER: _____

SIGNATURE: _____

PRINTED NAME: _____

DEPARTMENT: _____ MS _____

TELEPHONE #: _____

EMAIL: _____

*After funds are paid to participants, principal investigator must:

Return a copy of the original PV with completed Acknowledgement of Payment Receipt Forms attached to the Office of Research Compliance within ten (10) working days from receipt of the disbursed check, or within prearranged approved payment schedule approved by the Office of Research Compliance.

Special Note:

Investigators interested in conducting research involving nonresident aliens or Nevada System of Higher Education (NSHE) employees should contact the Office of Research Compliance prior to payment.