FORM #_____
DD-MON-YYYY

UNIVERSITY OF WATERLOO
REQUEST FOR REIMBURSEMENT
FOR REMUNERATING RESEARCH PARTICIPANTS

Employee # Student # Other (Please specify)

Requestor's Surname First Name Department Ext Email address

Mailing address (if not on campus):

Apt. – Street address City Province Postal Code

Charge to account number:

				-				-				-				-					-	6	5	5	8	-				-			

Request for reimbursement in the total amount of $_____ CAD

- ✓ Attach receipt/invoice for each out-of-pocket expense
- ✓ Attach list of research participant id #'s
- ✓ Type of remuneration: ____ gift-certificate ____ in-kind _____ other (please specify)
- ✓ _____ number of participants remunerated
- ✓ $_____amount per participant

As Principal Investigator I certify that I or my delegate:

- ✓ Incurred out-of-pocket expense(s) for the purpose of remunerating research participants in accordance with the research plan outlined in the research ethics application for which ethics clearance was received from the Office of Research Ethics;
- ✓ Created and maintained a master list of research participants in the study including research participant id #, name, address and amount remunerated;
- ✓ Will retain the research participant master list in a secure and confidential manner under my jurisdiction at the University of Waterloo for a minimum of 7 years following completion of the study (or as required by law and/or regulatory authorities if longer than 7 years);
- ✓ Will make the master list available on request in the event of an audit (e.g., by the university, government or granting agency); and
- ✓ Have obtained the signed "Research Participant's Agreement to Self-Declare Income" form from each research participant who received remuneration.

Print name Signature Date

One-over-one authorization, if requestor is the principal investigator

Print name Signature Date