

Participant Payment

University of Arkansas-Controller's Office ADMN 310

Agent Name: _____

Agent Activity: _____

\$ _____

Cash Amount Received

Date

Participant Name

University ID#

Address (City, State, Zip Code)

*Are you a United States Citizen?

Yes No (If No, see *below)

Have or will you receive any other payment from the University of Arkansas this calendar year?

Yes No

I certify by signing below that I received a cash payment as stated from the University of Arkansas, (Insert department here) on the date listed and my name and ID are correct.

Participant Signature

If non-UA, Social Security Number

*NRA form required prior to subject testing and subject payment – (submit completed NRA form to Human Resources, ADMN 222).