Participant Payment Form
University of Arkansas-Controller's Office ADMN 310

Agent Name: **Agent Activity:**					***By signing this form below, I certify 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.***		
Name – *(Printed)*	**Have/Will you receive any payment from the U of A this calendar year?** **(Yes/No)**	***Are you a United States Citizen? If No, please see Researcher** **(Yes/No)**	**What is your U of A ID Number? (Found on UA picture ID)** **If non-UA, Social Security Number?**	**Address** ***(City, State, and Zip Code)***	**Name – *(Signature Required)***	**Date**	***Cash $*** ***Amount Received***

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