

**Hendrix College Cash Advance for Research Participation**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campus Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Anticipated Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student: \_\_\_\_\_ Faculty: \_\_\_\_\_\_ Staff: \_\_\_\_\_\_\_**

**For CASH payment to participants:**

Number of participants: \_\_\_\_\_\_\_\_\_

Amount to be paid to each participant: \_\_\_\_\_\_\_\_\_

Total Cash Advance Amount Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For GIFT CARD/CERTIFICATE payment to participants:**

Vendor for Gift Cards/Certificates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Gift Cards/Certificates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of each Gift Card/Certificate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Cash Advance Amount Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that this advance is a loan to me so that I do not have to use personal funds for expenses incurred in conducting official College business. I also understand that I must file the required *Research Participant Payment Record* form (electronically and in hard copy with signatures) within two weeks of completion of the project or prior to any additional disbursement of funds to pay participants for this project. If this advance is not cleared within one month, I authorize the Business Office to deduct any uncleared portion from my next payroll check (for Hendrix employees) or charge my student account (for Hendrix students) unless approval of an extension is granted by the Academic Affairs Office.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**