

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

<b>Agent Name:</b>	<i>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.</i>
<b>Agent Activity:</b>	

<b>Name – (Printed)</b>	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?	<b>Address</b>  (City, State, and Zip Code)	<b>Name – (Signature Required)</b>	<b>Date</b>	<b>Cash \$</b>  <b>Amount Received</b>

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