

EPLS Checked/Approved? If Yes:

RESEARCH PARTICIPANT PAYMENT FORM

1 Veterans Drive (151), Minneapolils, MN 55417. Email: AP@cvre.org. Ph (612) 467-3560

Please see the instructions on page two for guidance in completing this form <u>Today's Date:</u>

Budget Information Payee Information Name Acct # Address Acct Name Payee a current CVRE employee? If Yes: Phone Total paid per year >= \$600? Email W9 already on file? W9 attached? New Address? If Yes, check here: **Participation** Visit number/Description (i.e. Week 4) # of visits **Unit Cost** Cost Ext. Subtotal Travel * Visit number/Description (i.e. Week 4) Total Miles (R/T) Cost Ext. Cost per mile **Subtotal** * Attach appropriate documentation Other * Description Cost Ext. **Subtotal** * Attach appropriate documentation **Total** Relevance to VA Mission. Justify the project-related purpose of this expenditure **Additional Instructions:** Signature of Requestor Signature of Principal Investigator **CVRE Approval CVRE OFFICE USE ONLY** GL Account(s) If Yes, Check here: New Vendor?

Rev. 01/21 www.cvre.org

Quickbooks Checked/Approved? If Yes:

INSTRUCTIONS:

CVRE requires a completed Research Participant Form sent to the Accounting department:

- 1. Complete electronic copy located on www.cvre.org; encrypt_and email to AP@cvre.org
- 2. Complete and print the form. Deliver through interoffice mail or into Research office cubby Attention: Accounts Payable. Please do not drop off onto individual desks in the CVRE Admin office.

Travel and other costs must be supported by appropriate documentation:

- 1. For mileage a map is required showing mileage travelled.
- $2. \ Other \ reimbursements \ must \ include \ original \ documentation \ i.e. \ parking \ tickets.$

IRS W9 Forms are available at:

https://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=3

Rev. 01/21 www.cvre.org