

Cash Payment Form for Research Participation

Form ORIC-UOS-07

Instructions:

1. Please only type in the gray area by clicking the cursor there
2. Try to write precisely
3. Cash compensation includes cash, gift cards, and stored value cards.
4. Hard copy/handwritten forms will not be entertained
5. After completion, convert the form into PDF for onward transmission
6. Share the form with ORIC for official work
7. Share it at [**oric.media@uos.edu.pk**](mailto:oric.media@uos.edu.pk)

|  |  |
| --- | --- |
| 1. | Research Study Title (*Department Name if the study is of a sensitive nature.*): |
|  |  |

|  |  |
| --- | --- |
| 2. | Date/Duration of Participation in Study Participation: |
|  |  |

|  |  |
| --- | --- |
| 3. | Amount due: |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4. | Authorized Person: | | | |
|  | Name: |  | Signature: |  |

|  |  |
| --- | --- |
| 5. | Participant Name: |
|  |  |

|  |  |
| --- | --- |
| 6. | Payment Date: |
|  |  |

|  |  |
| --- | --- |
| 7. | Amount Received: |
|  |  |

|  |  |
| --- | --- |
| 8. | Is the Participant a University of Sargodha employee? |
|  | * Yes * No |

Participant Signature:

I certify to the following:

* The participant information is accurate.
* I have participated in the above study.

**Complete the Following Section for Petty Cash Transactions**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| PETTY CASH- PAYOUT FORM  (Explanation of Items) | DATE: | Ext. No: |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Project ID / Title | Amount Being Paid | Account |
|  |  |  |  |
|  |  |  |  |
| Total | | |  |

|  |  |
| --- | --- |
| CERTIFICATION | APPROVAL |
| I certify that this accounting is correct and that | I certify that these expenses were incurred for |
| I have paid the amounts listed above. | University-related project research activities and approve them as proper charges to university accounts. |
|  |  |
| Authorized Account Personnel | Dean or Supervisor |

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|  |  |  |
| --- | --- | --- |
| 1. | Ref. Number: |  |

|  |  |  |
| --- | --- | --- |
| 2. | Date of submission of the Research Participant Cash Payment Form: |  |

|  |  |  |
| --- | --- | --- |
| 3. | Date of Release of Payment: |  |

Remarks if any;

(Approval by Director):

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

Director ORIC Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_