Research Participant Payment Fund (RPPF) Replenishment Checklist

This form must be completed by the custodian receiving RPPF fund replenishment for each replenishment request. Replenishment requests will not be processed without this completed form. Please also refer to the Finance System Job Aid index (http://online.flipbuilder.com/qsea/fpwo/) for further procedures required for replenishment.

Date: _____   Study IRB Number: _____

Payee (must be custodian): _____

Replenishment Checklist	Yes	No	Comments
I have attached to my replenishment request the completed, original RPPF Approval Form, showing the RPPF fund limit approved for this study.			
I have attached the fully completed Replenishment Form with all required signatures/approvals assigned to this RPPF – no substitutes.			
The Payee noted above is an authorized custodian.			
The payment request I am submitting uses Compass Account # 68715.			
All receipts and/or logs represent valid payments to participants involved in this study.			
The replenishment request does not exceed the amount of receipts and/or logs supporting the replenishment request.			
The replenishment request does not exceed the RPPF fund limit approved for this study.			

Certification:

I hereby certify that the information presented herein is correct and in line with Emory University policies. I have reconciled amounts previously paid to study participants in conjunction with this study and have attached copies of receipts/logs and/or other documentation supporting their validity and existence. All supporting documents, including receipts/logs are genuine and originals will be maintained in accordance with Emory University's Payments to Human Research Study Participants policy.

I understand that failure to follow the Payments to Human Research Study Participants policy and/or improper or fraudulent use of this fund may result in disciplinary action up to and including termination of employment.

Name (print): _____

Title: _____

Date: _____

Signature: _____