

Research, Investments and Commercial Services California State University, Northridge

The University Corporation

Confidential Payment to Research Participant

Sponsored Programs

Dear Participan	t:				
	ou for taking part in our nd we hope to gain val			ly	
As agreed, you	will receive a cash pay	ment in the amount	of		
\$					
for your particip	pation.				
Participant Cer	lification:				
	v certify that I have part ove listed cash amount.	icipated in the resea	rch study and have re	eceived	
Participant Sigr	nature:		Date:		
To be completed b	y Principal Investigator:				
Account	Project ID	Fund	Dept.		
		S 4000	24200		
Certification:	certify that I have distributed t	he above listed cash amo	unt to the research partici	oant.	
Signature Principal	Investigator:		Date:		

