



**PETTY CASH WAIVER FOR COLLECTION OF SOCIAL SECURITY NUMBERS ON RESEARCH PARTICIPANTS**

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DATE \_\_\_\_\_

CUSTODIAN'S NAME \_\_\_\_\_

PRINCIPAL INVESTIGATOR \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

AMOUNT OF FUND \_\_\_\_\_ FUND/COST CENTER/WBSE \_\_\_\_\_

JUSTIFICATION FOR WAIVER REQUEST

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AS PRINCIPAL INVESTIGATOR, I CERTIFY I WILL NOT PAY SUBJECTS MORE THAN \$600 IN A CALENDAR YEAR AND WILL REQUIRE SUBJECTS TO VERIFY THEY ARE NOT RECEIVING PAYMENT FROM ANY OTHER UAMS STUDY. FURTHER, I ASSUME FULL RESPONSIBILITY FOR ANY TAXES OR PENALTIES THAT MAY BE ASSESSED IF IT IS DETERMINED PAYMENTS TO THESE SUBJECTS ARE OUT OF COMPLIANCE WITH IRS REPORTING REQUIREMENTS.

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Signature of Principal Investigator Date

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Approval by Vice Chancellor for Finance & CFO Date