

SUBJECT PAYMENT FORM — (Short Form)

Harvard University, Department of Economics

Name of Study: _____

Date of Study: _____ Amount of Payment: \$ _____

Participant Name (Print): _____

The following needs to be complete prior to payment:

Permanent Legal Address: _____

Mailing Address (If Different): _____

Social Security Number: _____

Permanent Resident Card Number: _____

I certify that I am a U.S. Citizen or Permanent Resident, the above information is correct, and I have received payment as denoted.

Participant signature: _____



PI/Designee: _____
Printed Name Signature

Form Submission Date: _____

Fund to Charge: _____

Note: If participant is a **Foreign National**, he/she must receive prior approval from University Tax Services (contact 617.495.8436 or 617.496.9919) before beginning study and this short form cannot be used. If participant wishes to proceed without providing necessary information, he/she may participate in the study on a voluntary basis but cannot receive compensation.