

**ONLY TO BE USED FOR PAYMENTS RELATING TO RESEARCH STUDY PARTICIPANTS**

----- **CLAIMANT DETAILS** -----

**THIS FORM WILL ONLY BE ACCEPTED IF THE CLAIMANT DETAILS ARE TYPED. ANY INFORMATION ENTERED INCORRECTLY WILL RESULT IN THE FORM BEING RETURNED TO THE RESEARCH TEAM AND WILL LIKELY RESULT IN A DELAY IN PAYMENT.**

**Personal Details**
**Personal Address/Contact details**

<b>Status</b>	Research Participant	<b>House Name/Number*</b>	
<b>Title*</b>		<b>Street*</b>	
<b>Forename 1*</b>		<b>Area</b>	
<b>Forename 2</b>		<b>Town*</b>	
<b>Surname*</b>		<b>County/Area</b>	
<b>Gender (circle)*</b>	M / F	<b>Post Code*</b>	
<b>Date of birth*</b>	DD/MM/YYYY	<b>Telephone No.*</b>	
<b>Current Employee?*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Email Address*</b>	
<i>If yes, payroll number?</i>	_____		
		<b>NI Number</b>	

\* indicates mandatory fields

(email address is required to supply remittance advice)

**Research Participant Bank Details**

<b>Bank Name*</b>		<b>Branch</b>	
<b>Sort Code*</b>		<b>Account Number*</b>	
<b>Name as it appears on the account*</b>			

**Is this a one-off claim or part of an ongoing research study?\***

One-off claim       Ongoing; there will be further claims

I confirm my total claim value is £\_\_\_\_\_ and wish to receive payment directly into the nominated account above. I confirm the above details to be correct and I understand that the University will need to process my personal data for relevant administration and payment purposes, further information about which is published at <https://www.information-compliance.admin.cam.ac.uk/data-protection/research-participant-data>

I acknowledge and declare I will be wholly responsible for any liability and payment of tax arising from these payments.

Claimant signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach Research Study Receipt and forward to your department's local finance team.**

**Departmental Use Only:**

*This form can only be used for Research Participants. The payment code is pre-populated in the payment details section below.*

Payment Code	Payment Reason
SE06	Research Participants

----- **PAYMENT DETAILS** -----

Payment Code	Test Date	Accounting Code / Research Grant Code (both 24 chars) GL: U.ZZ.ZZAA.AAAA.EZZZ.0000 Project: ZZAG/001.01.RG12345.EZZZ <i>e.g. Project/Code.Task.Award.TransactionCode</i>	Category Enter amount of claim for each category				Total	
			Participation Fee	Subsistence	Travel	Other	£	P
SE06								
SE06								
SE06								
SE06								
SE06								

*If this is the final payment, please inform Payroll so they can close the UPS record*

Researcher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PI/Delegated Authority Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_