



Participant fee advances are generally limited to Cornell faculty and staff.

PART I Payee and Study Information

Payee Name: NetID:

Payee Type: Faculty Staff Student (supervising faculty signature required)

Period of Advance: Begin Date End Date

Purpose of Study:

If Payee is on A/P Direct Deposit, this advance will be processed as a Direct Deposit. If Payee is NOT on Direct Deposit, please indicate the address to which the check should be sent.

PART II Estimated Expense Calculations

	# of individuals	x	Rate (\$)	=	
Fees:	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Misc. expenses:					<input type="text"/>
Total cash advance requested:					<input type="text"/>

Special circumstances affecting advance:

PART III Account Information and Repayment Agreement

Total advance requested (from Part II):

	<i>required</i>			<i>optional</i>	
	Dept	Subl	Object	Project	Duo
Participant Advance Account Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Source of Repayment (<i>indicate appropriate account number</i>):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I AGREE that within 30 days of completion of the study identified above, I will submit documentation in support of participant fee disbursement to clear the advance and/or repay any excess. In the event I fail to comply, I hereby authorize deduction of the amount of this advance from my salary.

Signature of Payee: _____

Signature of Supervising Faculty Member: _____

Required when Payee is a student.

PART IV Unit Authorization (if required by unit)

Signature: Date:

Note: Print and sign this completed form, and attach it to the payment request cover sheet.

Return To: Division of Financial Affairs, 377 Pine Tree Rd., Ithaca, NY 14850

Revised: May 3, 2022
Division of Financial Affairs