**Business Office Approval of Venmo /Amazon Mechanical Turk for Research Participant Payments**

I \_\_\_\_[Name], [Title], [Department], [Division}, request approval to use Venmo or Amazon Mechanical Turk for payment of participants in the below research studies:

Payment Method:

Protocol Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funding Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maximum Number of Participants Using Venmo/Mechanical Turk: \_\_\_\_\_\_\_\_\_\_

Amount of Each Payment: \_\_\_\_\_\_\_\_\_

Frequency of Payments: \_\_\_\_\_\_\_\_\_

Date of IRB Approval of Change in Research to Use Venmo/Mechanical Turk: \_\_\_\_\_\_\_\_\_\_\_

I have read the “Guidance: Expanded Forms of Payment for Human Subject Research Participants During the COVID 19 Pandemic” and recognize that there are restrictions on the use of Venmo or Amazon Mechnical Turk as a payment method to compensate human subjects. I also acknowledge this form of payment carries transaction fees assessed by Venmo or Amazon Mechanical Turk and cash advance fees assessed by the Pcard provider in the case of use of Venmo. I hereby agree to abide by the Guidance in the use of Venmo or Amazon Mechanical Turk to compensate human subject participants and accept the fees associated with this form of payment which will not be charged to a grant but will be an expense of the department.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUTHORIZATION INFORMATION

Signature must reflect authority over selected areas. I certify that all the above information is correct. I also understand that I am responsible for ensuring the Guidance is followed and the assessed fees are accepted and charged to the appropriate accounts. I am also responsible for notifying the Procurement Card Administrator if the Venmo or Amazon Mechanical Turk user has been transferred or terminated, so their Pcard access can be canceled.

Divisional Business Officer, Department Administrator or Chair

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: Please send a PDF copy of this signed Acknowledgement Form to pcard@jhu.edu**