

# AFFIDAVIT

I, (name) \_\_\_\_\_ (SSN or ID#) \_\_\_\_\_,  
Have read and understand the “Payments to Research Participants” and understand my responsibilities.

I understand that, should I fail to account for the funds that I receive in accordance with these procedures\*, the amount of those funds will be deducted from my next Payroll check, or added as W-2 reportable wages for me (Department Dean approval), and I will be taxed accordingly.

**DATE:** \_\_\_\_\_

**PV:** \_\_\_\_\_

**AMOUNT RECEIVED:** \_\_\_\_\_

**CHECK NUMBER:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_ **MS** \_\_\_\_\_