# **PROGRAM ADVANCE REPLENISHMENT** UIC Department of Psychology

|  |  |
| --- | --- |
|  **Date** |  |
|  |  |
| **Requestor Information** |  |
| Name |  |
| UIN |  |
| Email |  |
| Phone # |  |
|  |  |
| **Replenishment Information** |  |
| Original ER# for opening of program advance |  |
| Title of study |  |
| IRB# |  |
| Program Advance amount used so far | $ |
| Total number of Participants paid so far |  |
| Payment per Participant |  |
| Account advance to be closed/charged to |  |
| New advance request amount\* | $ |
| Do you want the funds directly deposited into your account or to pick as cash? If cash, list denominations.  |  |
| Date range you will be paying the participants |  |
|  |  |
| **Notes** |  |

**\* Replenishment amount requested must be equal to what you have spent so far from original advance.**

**A list for the participant payment transactions equaling the replenishment amount must be included with this request. The closeout cannot be processed without this. If the payments were not processed via MTurk then a transaction spreadsheet and receipts must be provided.**