



**Payments to Individuals**  
(Study Participant, Honorarium, Guest Speaker, Award, Game Official)

In order to keep the U of L vendor file updated, we would appreciate if you would answer the following questions. This form is **required** for all new vendors.

**Section 1.**

Name (formal as filed with the IRS): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

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**Section 2.**

Would you like to receive your payments electronically (N/A for one-time payments)? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Section 3.**

Type of payment to be received from the University of Louisville (Check One): \_\_\_\_\_ Study Participant  
\_\_\_\_\_ Honorarium \_\_\_\_\_ Guest Speaker \_\_\_\_\_ Award \_\_\_\_\_ Game Official \_\_\_\_\_ Other (Please specify) \_\_\_\_\_

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**Section 4.**

Are you, any of your family member(s), or any principal of your firm or any of their family member(s) employed by the University of Louisville or any of its affiliates? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please give name of individual \_\_\_\_\_, their area of employment/department \_\_\_\_\_, and please specify your relationship/connection to this person \_\_\_\_\_.

**Section 5. This Section NOT Applicable for Study Participants**

Have you ever been or are you currently excluded, suspended, debarred or otherwise deemed ineligible to participate in governmental healthcare, procurement, or other programs? \_\_\_\_ Yes \_\_\_\_ No

If yes, list ALL such exclusions, suspensions, or debarments including applicable governmental agency, action date, and your address at the time of the action.

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Have you ever been charged with or been convicted of a criminal offense related to the provision of government healthcare, procurement, or other programs and have not been reinstated in such programs after a period of exclusion, suspension, debarment, or ineligibility? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain

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**Section 6.**

I certify that the information I have provided to this survey is accurate to the best of my knowledge. I understand that inaccurate information could subject me to applicable penalties or could result in the University ceasing to do business with me.

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Printed Name

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Signature

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Date

Please return form to the requesting department at:

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