

**INVOICE**

**VA RESEARCH PARTICIPANT PAYMENT**

Invoice Number:

Obligation Number:

Method of Payment:  Check      Or       Direct Deposit/Direct Express

Participant Name:

Payment Address:

Payment Amount:

Payment Amount (spelled): \_\_\_\_\_

Participant Date:

SSN (if Direct Deposit):

Investigator/Coordinator Signature: \_\_\_\_\_

Investigator/Coordinator Name: \_\_\_\_\_

Research Project Account Number:

Comments:

Return to 5A104 or Send Encrypted Email to [zeberah.thompson@va.gov](mailto:zeberah.thompson@va.gov) or FAX to the Director,  
Research Operations at 404.728.4847.