



DEPARTMENTAL MEMORANDUM OF UNDERSTANDING FOR PARTICIPANT INCENTIVES

Completed by the Department:

Department Name: \_\_\_\_\_ Campus Code: \_\_\_\_\_
IRB Number: \_\_\_\_\_ Requested Amount: \_\_\_\_\_
Due Date for Return of Advance: \_\_\_\_\_
Purpose for Advance:

[Empty box for Purpose for Advance]

Requested by:

A) Department Head

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

B) Designated Custodian (Must be University employee)

Print Name \_\_\_\_\_ Signature (Sign here and below) \_\_\_\_\_

C) Department Contact:

Print Name \_\_\_\_\_ Phone Number \_\_\_\_\_

TO ALL CUSTODIANS/RESEARCHERS:

Please remember, you must receive the following information from each participant before issuing a payment to him/her:

- 1. Name (printed clearly)
2. Address (complete with zip code, if applicable)
3. Full social security number for payments more than \$100.00.
4. A merchant receipt for the goods/gift cards provided if other than cash.
5. A description of the type of gift card and amount or the cash amount provided.
6. Signature and date for amount provided.

THIS INFORMATION IS NOT OPTIONAL, BUT MANDATORY. IF A PARTICIPANT DOES NOT WANT TO PROVIDE THIS INFORMATION, THEN THEY CANNOT BE PAID.

Any receipts returned without this information will NOT be accepted as return payment of the fund, making the custodian (person who endorsed the check), responsible for paying back the working fund in US dollars in the form of a check or money order. Any unused gift cards, certificates, other currencies, etc. CANNOT BE ACCEPTED as return of the funds.

FAILURE TO RETURN FUNDS OR PROVIDE SUBSTANTIATION OF EXPENDITURE TIMELY, MAY MEET THE IRS CONDITIONS THAT REQUIRE THEM TO BE INCLUDED IN INCOME ON THE EMPLOYEE'S W-2 FROM AND/OR UNCOLLECTED FUNDS WILL BE REPORTED TO THE CENTRAL COLLECTION UNIT.

I, \_\_\_\_\_, as Custodian, have read and understood the above requirements.
(Signature)

Completed by Comptroller's Office

Check # \_\_\_\_\_ Date Issued \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_