

Incentive Payment Request Form

SECTION 1: GENERAL INFORMATION		
Department Name:	Contact Name:	Contact Phone Number:

SECTION 2: INCENTIVE PAYMENT REQUEST QUESTIONS		
Question:	Yes	No
Is incentive payment request in compliance with FPI 2-10 Research, Survey and Other Related Incentives?		
Does the study fulfill the university mission?		
Is incentive payment request related to research?		
Are study participants chosen at random?		
Will incentive payment request be on an account other than a 21 account or 53 account?		
Are sufficient funds available in the account to cover the payment?		
Are tax reporting requirements noted within FPI 2-10 (i.e. confirming if employee or student payment needs to process through payroll or accounts payable) being followed?		

- If you answered “No” to any of the above questions, work with either your Campus Services Representative (non-53 account requests) or Sponsored Programs Contact (53 account requests)
- If you answered “Yes” to all questions in Section 2, complete Section 3

SECTION 3: INCENTIVE PAYMENT INFORMATION	
Description:	Comments:
Purpose of study:	
Account number:	
Number of participants:	
Amount per gift card:	
Total amount requested (# of participants x amount per gift card):	

PLEASE SUBMIT FORM TO YOUR CAMPUS SERVICES REPRESENTATIVE FOR REVIEW AND APPROVAL PRIOR TO ATTACHING TO DISBURSEMENT VOUCHER