

Incentive Payment Request Form

SECTION 1: GENERAL INFORMATION			
Department Name	Dept #	Contact Name	Contact Phone #

SECTION 2: INCENTIVE PAYMENT REQUEST QUESTIONS		
Question:	Yes	No
Is the incentive 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?		
Will the incentive payment request <u>not</u> be on a "21/Recharge" account?		
Are sufficient funds available in the account listed below to cover the payment?		
Will tax reporting requirements noted in FPI 2-10 be followed? (i.e., confirming if employee or student payment needs to process through payroll or accounts payable)		

- 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 Sections 3 & 4

SECTION 3: INCENTIVE PAYMENT PURPOSE (Attach information to this form if there isn't enough space below)
Please provide a brief description of the study or survey:
Describe how the participants/recipients of the incentive will be selected:

SECTION 4: INCENTIVE PAYMENT INFORMATION	
Type of Incentive (Gift Card, RamCash, Cash, or Check)	
Account #	
IACUC/IRB # (if applicable)	
Number of participants	
Amount per participant	
Total amount requested (# of participants x \$ per participant)	

**SUBMIT FORM and SUPPORT TO CAMPUS SERVICES (NON-53 REQUESTS) OR SPONSORED PROGRAMS (53 REQUESTS)
FOR APPROVAL PRIOR TO DISBURSING INCENTIVES**

Person Responsible for the Incentive Payment and following FPI 2-10		
Signature of Responsible Party	Title	Date

For Campus Services or Sponsored Programs Use Only:		
Approval Signature	Area Approving (Campus Services or OSP)	Date