** 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FRS** **Account Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose for Advance:**

|  |
| --- |
|  |

**Requested by:**

1. **Department Head**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print Name Signature

1. **Designated Custodian (Must be University employee)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name Signature (Sign here and below)

1. **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 TIMLEY, 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 B**E** 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **Received by Date**