

Clear Form

Print Form



**Bursar & Treasury Services**  
*Finance & Administration*  
**UNIVERSITY OF GEORGIA**

**Application for Research Participant Compensation Fund**

**Request for:**

Cash: \_\_\_\_\_

Store Value Card:

\_\_\_\_\_ \$ per card

\_\_\_\_\_ # of cards

Expected Dates of Research \_\_\_\_\_

Expected Number of Participants \_\_\_\_\_

Department Name \_\_\_\_\_ Account No. \_\_\_\_\_

Name of Custodian \_\_\_\_\_ Title \_\_\_\_\_

Email Address \_\_\_\_\_

Reconciler Name \_\_\_\_\_ Title \_\_\_\_\_

Description of Need for Fund (if needed, please attach a second page):

Special Instructions (if a bank account is needed, please indicate here):

Location of Fund:

Building Name \_\_\_\_\_ Room Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

This fund and responsibility thereof is issued to the named custodian and cannot be transferred. If for any reason a fund is no longer needed or there is a change in the custodian, this fund must be turned in to the University Cashier, thereby terminating the responsibility of the custodian. If the need continues, a new fund will be issued upon application. Under no circumstance can Research Participant Compensation funds be deposited to any bank account other than the Bank Account established for Research Participant Compensation.

**Do not deposit Research Participant Compensation Funds to a personal bank account.**

**Attach to the "Application" a letter of explanation regarding the purpose of the fund and an analysis justifying the dollar amount requested.**

I accept the above stated cash fund with the understanding that I am personally responsible for the proper safekeeping and use of said funds. It is further understood that I will be personally liable for all shortages and uninsured losses.

Name of Custodian \_\_\_\_\_ Signature of Custodian \_\_\_\_\_ Date \_\_\_\_\_

I understand the Research Participant Incentive Payment Policy and I accept responsibility to report any participant receiving more than \$600 during the calendar year. I also understand that failure to report this information may result in tax consequences to the University of Georgia.

Name of PI (if different than custodian) \_\_\_\_\_ Signature of PI \_\_\_\_\_ Date \_\_\_\_\_

I approve the designation of \_\_\_\_\_ as custodian of the above stated cash fund. It is further understood that I will be jointly liable for all shortages and uninsured losses.

Name of Department Head or Director \_\_\_\_\_ Signature of Department Head or Director \_\_\_\_\_ Date \_\_\_\_\_

Name of Dean or Vice President \_\_\_\_\_ Signature of Dean or Vice President \_\_\_\_\_ Date \_\_\_\_\_

Please submit the completed application to Tiffany Payne at [tepayne@uga.edu](mailto:tepayne@uga.edu)

Approved: \_\_\_\_\_  
Bursar and Treasury Services

\_\_\_\_\_ Date