Approval for Use of Participant Incentives (Non-Reimbursements) in Research Studies

Grant Title: ___________________________  Principal Investigator: ___________________________

Type of Incentive: Merchant card / Bank card (circle one)  Number of Incentives: _____ (i.e. cards)
Value per Incentive: _____________________  Total Value of Incentives: _______________________

Index Number _______________________

1) Please attach copy of the grant budget indicating agency approval of participant incentives:

2) Please give justification why participants cannot be set-up as vendors to receive reimbursements/incentives:

____________________________________________________________________________________
____________________________________________________________________________________

Individual(s) responsible for: 1) Purchasing Participant Incentives: ____________________________
Individual(s) responsible for: 2) Securing Participant Incentives: _____________________________
Individual(s) responsible for: 3) Reconciling Participant Incentives: ___________________________
(Reconciler of participant incentives must be different from purchaser/securer of them.)

I will be responsible for purchasing, securing, and/or reconciling participant incentives prior to and after distribution. I will do this according to current University of New Mexico policies and procedures.

____________________________________                     ______________________________________
Signature and Date (Admin)           Signature and Date (Admin)

____________________________________                     ______________________________________
Signature and Date (Admin)           Signature and Date (Admin)

Individual(s) Responsible for 4) Distributing Participant Incentives: ______________________

I will be responsible for securing and reconciling incentives during the time they are in my possession for distribution. I will do this according to University of New Mexico current policies and procedures.

____________________________________                     ______________________________________
Signature and Date (PI)          Signature and Date (PI designee)

Approvals: Signature and Date

____________________________________                     ______________________________________
Department Administrator, DFCM           Date

____________________________________                     ______________________________________
Department Accountant, DFCM                     Date