Participant Incentive Audit Checklist (For Accountant use only)

Introduction:
☐ PI Name ____________________________________________________________
☐ Contract/Grant Title _______________________________________________
☐ I have reviewed and understand the DFCM Participant Incentive guidelines, UNM policies and UNM and internal policies and forms _________________Initial
☐ Auditor: ___________________________

Securing Merchant/Bank Cards:
☐ Type of card(s) Merchant or Bank (circle one)
☐ Vendor ___________________ (Please use a separate checklist for each vendor and/or index.)
☐ Location of card(s) ________________________________________________
☐ Secured in a Locked Location  Yes or No (circle one)
☐ Securer of card(s) ________________________________________________
☐ List employees with access to cards ___________________________________
☐ Purchaser of Cards _____________________________________________

Accounting for Merchant/Bank Cards:
☐ Quantity of Original Purchase
  Quantity ________ Value_______ Total ________ Batch #’s ________
  Quantity ________ Value_______ Total ________ Batch #’s ________
  Quantity ________ Value_______ Total ________ Batch #’s ________

☐ Current Inventory Quantity
  Quantity ________ Value_______ Total ________ Batch #’s ________
  Quantity ________ Value_______ Total ________ Batch #’s ________
  Quantity ________ Value_______ Total ________ Batch #’s ________

☐ Expiration Date of Merchant/Bank Cards _____________________________
☐ Disperser of Merchant/Bank Cards ___________________________________
☐ Reconciler of Merchant/Bank Cards ___________________________________
  (Must be different from securer of cards)
☐ Reconciliation Frequency ___________ Reconciliation Date ______________
☐ Have any cards been transferred from one grant/index to another? Yes / No (circle one)
  If yes provide the grant/index name and/or number __________________________
☐ Transfer process (describe in detail) ________________________________

Questions/Recommendations:____________________________________________________________________
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