UNM | SCHOOL of MEDICINE

Department of Family and Community Medicine

Date:

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**