UNM | SCHOOL *of* MEDICINE

Department of Family and Community Medicine

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:_____
_____
_____