

Human Participant Incentives Reconciliation

FOAP: _____

Subject/Project Name: _____

Monthly reconciliation of the Human Participant Incentives fund is required. As the Fund Custodian, complete a reconciliation of the fund showing the results below. Your supervisor must independently verify the fund balance and sign on the indicated line below.

Reconcilement

Date: _____

Time of Day: _____

Initial Fund Amount: \$ _____

Total Amt Expended: \$ _____

Contact

Fund Custodian

Name _____

Banner ID # _____

Funds Settlement

Bills & Coins \$ _____

Payments to Participants \$ _____

Other _____ \$ _____

Total Fund * \$ _____

* Total Fund is the summation of Bills & Coins + Payments to Participants + Other. This amount should agree to the Initial Fund Amount noted above.

Number of participants paid during this reconciliation period: _____

Amount of incentive payment per participant during this reconciliation period: \$ _____

I have independently verified the fund balance and participant payment acknowledgements and certify all to be correct.

Fund Custodian's Supervisor Certification: _____

Fund Custodian Certification: _____

_____ The study/project is completed, terminate this fund. I am returning \$ _____

in unused funds.