

CSU-Pueblo Incentive Payment Request Form

SECTION 1: GENERAL INFORMATION

Department Name: _____

Contact Name: _____

Contact Phone Number: _____

SECTION 2: INCENTIVE PAYMENT REQUEST QUESTIONS

Question:

Is incentive payment request in compliance with FPI 2-10 Research, Survey and Other Related Incentives? Yes or No _____

Does the study fulfill the university mission? Yes or No _____

Is incentive payment request related to research? Yes or No _____

Will incentive payment request not be on a 21 account? Yes or No _____

Are sufficient funds available in the account to cover the payment? Yes or No _____

Are tax reporting requirements noted within FPI 2-10 (i.e. confirming if employee or student payment needs to process through payroll or accounts payable) being followed? Yes or No _____

If you answered "No" to any of the above questions, work with either a OFM Representative (non-53 account requests) or Sponsored Programs Contact (53 account requests).

If you answered "Yes" to all questions in Section 2, complete Section 3

SECTION 3: INCENTIVE PAYMENT INFORMATION

Purpose of study: _____

Account number: _____ Number of participants: _____

Amount per participant: _____

Total amount requested (# of participants x amount per participant): _____

PLEASE SUBMIT FORM TO OFM (NON-53 REQUESTS) OR TO SPONSORED PROGRAMS