In order to maintain the confidentiality of the participants’ identity, the participant incentive records cannot be kept in the Finance Department’s records. Instead, the support verifying that the participant received the incentive is maintained by the Principal Investigator (“PI”). Grant Accounting will review the support provided by the PI, as follows, in order to ensure that the total participant records equal the incentives received by the PI.

 Grant No. or Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject ID No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IRB Protocol No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 This subject will receive $600 or more this calendar year.

\_\_\_\_ Payment will be issued by check.

 The subject will receive more than $100 (check, gift card or certificate) for participation in the research study.

**Complete below if any of the items above have been checked:**

Subject’s Last Name (If not Confidential) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject’s First Name (“) Last 4 digits of Soc.Sec.No. \_\_\_\_\_\_\_\_\_\_\_

If employee of Montclair State University, ID No.:\_\_\_\_\_\_\_\_\_\_\_\_

***Please check one for U.S. Citizens or Resident***

***Aliens***

\_\_\_\_\_

Current calendar year W-9 attached

W-9 previously submitted

No W-9 required – calendar year payment is less than $600

***For Non-Resident Aliens***

Notified (with Form copy) the Controller’s Dept. via email at NRAprocessing@Montclair.edu

Description of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dollar amount of Remuneration $ (Human Subject Payments)

Principal Investigator (PI) Name (please print)

**PI Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the Human Subject listed above is eligible for payment, having fulfilled all requirements outlined in the approved protocol. As the PI on this project, I confirm my responsibility to maintain all grant records for a period of no less than 7 years from the grant end date to comply with federal and state regulations.

Human Subject - Check one:

 I received Cash totaling $

 No payment received yet, check is to be processed

 I received Gift Cards totaling $\_\_\_\_\_\_\_\_ in the form of: \_\_\_\_\_\_\_\_Gift Cards or Other(Describe)

**Subject Signature of ID No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the grant accountant monitoring this grant, I have reviewed signed documentation for the subjects who participated and received an incentive for participation in the above mentioned project and noted any differences.

Grant Accountant Grant Accountant Difference:

 Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Original** Form C-AP003: Department File **Copy** to: [GiftCard@Montclair.edu](file:///%5C%5Cmsufiles.montclair.edu%5Cgroupshare_vol1%5CGroups%5Cfinance%5CPolicy%20Writer%5CGift%20Cards%5CGiftCard%40Montclair.edu%20) (If Check Requested or Gift Card is disbursed)