

Request for Cash Incentive Authorization

Date: _____

1. Department name: _____

2. Requester: _____ Phone #: _____
Requester E-Mail address: _____ Campus Box #: _____

3. Incentive to be used for: _____

4. Incentive denomination: _____ Total amount requested: _____

Anticipated mailing date: _____ COMIRB protocol number: _____

Incentive will be charged to the following:

Speedtype _____ Fund _____ Organization _____ Program or Project # _____

5. To be completed if paying study subjects.

Type of protocol: Exempt (Anonymous) Expedited (Minimally Invasive) Full-Board (Invasive)

For Full-Board protocols, what is the total amount an individual can be paid in a calendar year? _____

Will any of the study subjects be non-resident aliens? Yes No Unknown

6. I agree to comply with the following provisions:

- a. I will contact the Bursar’s Office at least one week in advance of the anticipated mailing to present them the check to obtain the necessary cash. The Bursar’s Office will hold the cash until the day of the mailing.
- b. I will pickup the funds from the Bursar’s Office on the day of the mailing. The insertion of the cash for mailing will either be witnessed by an additional individual from my department or Finance, dependent on the dollar amount of the mailing. Finance will indicate which method at time of approval. If not witnessed by Finance I will complete the Cash Incentive Self Audit form supplied by Finance and mail them the original.
- c. Once the insertion is complete the mailing will immediately be taken to the Mail Center or Post Office. This will be observed by either the additional individual from my department or Finance.
- d. I will ensure that two members of my staff open any returned items from this mailing to provide cash control of returned funds. Returned funds will be secured until deposited at the Bursar’s Office.
- e. I will ensure that any returned funds are deposited at the Bursars Office to the speedtype and expense account from which the payment voucher was issued.

I certify that the above information is correct and that the money requested will be used in accordance with all fiscal rules governing its use.

Requester Signature

Date

Department Authorization

Date

Submit this form to pcgc@ucdenver.edu for processing

Approvals:

UCD Controller or Delegate

Date

UCD Office of Grants and Contracts (when applicable, i.e. Funds 30 and 34)

Date