

**SEMI-ANNUAL  
PARTICIPANT PAYMENT FUND  
CUSTODIAN ACKNOWLEDGEMENT FORM**

I, \_\_\_\_\_, hereby acknowledge that I am the Custodian of  
the Participant Payment Fund for \_\_\_\_\_, (Department Name)

Project or Activity #: \_\_\_\_\_ in the amount of \$ \_\_\_\_\_. These funds will be  
maintained at Building \_\_\_\_\_, Room \_\_\_\_\_.

**Acknowledgement Statement**

I understand that I am responsible for safeguarding and maintaining accountability for these funds and agree to keep personal funds separate from Participant Payment Funds. I understand that I must submit a Participant Payment reconciliation to my supervisor for his/her signature. The signed reconciliation must be retained for audit purposes.

Upon reassignment or termination from the University, I agree to return these funds to the Student Financials Office, Modesto A. Maidique Campus, SASC 103 or Biscayne Bay Campus AC1-140.

CUSTODIAN NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PANTHER ID: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

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**Form must be submitted by June 30<sup>th</sup> and December 31<sup>st</sup> of every fiscal year. Form must be uploaded to the OneDrive or emailed to [cashrequests@fiu.edu](mailto:cashrequests@fiu.edu).**