



PARTICIPANT PAYMENT FUND EXTENSION FORM

Please complete the form below and submit to the Controller's Office, CSC 420, whenever you need to extend the ending date of a Participant Payment Form on file. Please note that Offices of Research Integrity and Post Award must also sign this form prior to its submission.

For assistance or questions regarding this form, please contact Accounting and Reporting Services at cashrequests@fiu.edu

Custodian Name: _____ Request Date: _____

Title: _____ Telephone #: _____

Email address: _____

Participant Payment Fund Name: _____

Extension Date Requested: _____ Study End Date: _____

Project Title: _____ IRB Protocol #: _____

Cost Center			
Activity Nbr:	Cost PID:	Task:	Budget Ref:
Optional fields, use if applicable: Cost PID - To track expenses related to faculty allocations. Task - To track expenses that have a similar purpose as assigned, for example Critical Investments. Budget Ref - To track specific years for Financial Aid and COM only.			
OR			
Project ID:	Fund:		
Optional field, use if applicable: Fund - To be used for Cost Share only			

Signature of requesting Custodian: _____

ORED Approval: _____

Post Award Recommendations: _____

Approval of Post Award Director or AVP:

Name: _____

Signature _____ Date: _____