

Participant Payment Cash Fund – Transfer of Custodianship

A transfer of custodianship must be documented and approved before the funds can be transferred. This form serves as documentation and must be filled out by the present custodian, new custodian and supervisor. The new custodian is required to have a HR Level II Background check before handling the funds. [Background Check II](#)

I certify I am the custodian of the funds requested above which are necessary in the performance of my official University duties and in accordance with the policies and procedures of the Office of Research and Economic Development relating to human subject participant payments. I accept full responsibility for the monies received and will safeguard them in accordance with University procedures (http://finance.fiu.edu/controller/QL_ControllerProceed.html; <https://policies.fiu.edu>) I understand that I am liable and that my wages may be garnished for monies received and if lost, I am responsible for replenishing them. Upon reassignment or termination, I agree to return these funds to the University. I further attest that the information that I provide herein is in accordance with the proposal awarded by the project sponsor and with the protocol approved by the IRB.

I will keep the advance for research subject payments in a safe, locked place separate from any other funds at all times. I will maintain and reconcile the log that documents to whom cash incentive payments are made in a manner consistent with the confidentiality requirements of the study, if any, certify that all of the cash disbursed was distributed to bona fide participants of the research project for the above-referenced IRB protocol number and provide this documentation to the Bursar office for replenishment of funds. Confidential Studies will require the documentation below to remain confidential and disclosure of this personal information shall only be made available to appropriate FIU personnel, the project sponsor, FIU’s Office of Inspector General or to external auditors that may be authorized to review the projects records.

Project Title: _____	Activity/Project Nbr: _____
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PRESENT CUSTODIAN	
Name: _____	PID: _____
Email Address: _____	Work Phone: _____
Cash on Hand \$: _____	Total Receipts to be Replenished \$: _____
_____ Signature of Present Custodian	_____ Date

NEW CUSTODIAN	
Name: _____	PID: _____
Email Address: _____	Work Phone: _____
Cash on Hand \$: _____	Total Receipts to be Replenished \$: _____
_____ Signature of New Custodian	_____ Date

NEW CUSTODIAN’S SUPERVISOR APPROVAL	
Name: _____	Phone: _____
_____ Supervisor Signature	_____ Date