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: __________________________________________________________

Form must be submitted by June 30th and December 31st of every fiscal year. Form must be e-
mailed to cashrequests@fiu.edu or sent to Controllers Office, CSC 420, Attention: Oriana
Mangarre-Rodriguez.