



## PARTICIPANT PAYMENT FUND EXTENSION FORM

Please complete the form below and submit to the Controller's Office, CSC 311, 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](mailto: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:
<b>Optional fields, use if applicable:</b> <b>Cost PID</b> - To track expenses related to faculty allocations. <b>Task</b> - To track expenses that have a similar purpose as assigned, for example Critical Investments. <b>Budget Ref</b> - To track specific years for Financial Aid and COM only.			
OR			
Project ID:	Fund:		
<b>Optional field, use if applicable:</b> <b>Fund</b> - 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: \_\_\_\_\_