

**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.