Participant Support Payment Form

Participants take part in University-sponsored activities and receive a flat allowance to defray participation costs rather than being reimbursed for actual expenses. Participants do not provide services in any form to the University.

Fill out this form completely and send to your OSP Grants and Contracts Office (GCO) for grant-sponsored projects. Submit this form **after** your Virtual Incentives program has been set up.

The University of Montana uses VI to issue most participant support and non-human subject incentive payments to participants. Please provide the below information so that we can fund your VI account. If checks are used, issuance will follow standard University procedures.

Please be advised that the VI account funding process will take approximately **two weeks**, so make sure to plan accordingly.

Printed name of requestor:	Today's date:
Department:	Phone:
E-mail:	Principal Investigator Name:

Purpose of Request:
Time Frame of Project:
Virtual Incentives Program # (5-digit code):
Estimated number of subjects:
Payment per Subject (in dollars): $
Total Amount Requested:
Date Payment Needed:
Index #:
Account Code: 1904

PI Signature: _____ PI ID# 790

Department Approval: _____
(Printed)

Department Approval: _____ Date: _____
(Signature of Chair, Dean, Director, Vice President, or President)

Grants/Contracts Officer Approval: _____ Date: _____
GCO Signature not required for non-grant indexes

CHECK SECTION

Only complete this section if you are paying participants via check. Payment to Foreign Participants must be paid via check due to tax withholding requirements.

Participant Name:

*Banner ID (if participant is employee): 79

*If no Banner ID, department must submit a Vendor Request form and IRS W-9 form via Business Services prior to requesting payment

Full Address (including street, city, and zip code):

Index #:
Amount: $
Account Code: **62868**
Date Payment Desired (allow 5 working days to issue check):

PI Signature:_____ PI ID# 790_____

Department Approval: _____
(Printed)

Department Approval:_____ Date:_____
(Signature of Chair, Dean, Director, Vice President, or President)

Fund Accountant Approval:_____ Date:_____