



Payment Acknowledgement Form

Research Study Participant Prizes & Giveaways Other _____

Legal Name(printed):	
Mailing Address:	
Street or PO Box:	
City:	
State, Zip:	

Are you a US Citizen or a Permanent Resident Alien? Yes No If No, regardless of dollar amount, you must attach supporting immigration and tax documentation.

Payment Amount (or Value):	\$	Is payment > or = \$100.00, or total payment(s) > or = \$600 this calendar year?*	* If yes, provide SSN#:
Description of Payment/ Prize:			Payment Method: (\$, gift card, check)

*Provide SSN ONLY if payment is \$100.00 or more or if total payments from UVM are expected to exceed \$600.00 in a calendar year.

I certify that the information provided above is true and accurate. I understand that if my payment was not made in cash, it will be received shortly by check to the address I have provided. If the amount of this payment is at least \$100, or if total payment(s) from UVM this calendar year shall equal or exceed \$600, I have provided my SSN.

Recipient's Signature

Date

Responsible Official/ Research PI or Designee Only

On behalf of the unit issuing the payment, I certify that I have explained this form and reporting requirements to the Recipient. Further, I understand that a non-check payment to a Recipient who is a Nonresident Alien for US income tax purposes shall be grossed-up, and requisite tax withholding expensed via Journal Entry to the chart-string to be provided by the issuing unit.

Shall Recipient's remuneration be > or = \$600.00 this calendar year? ____Yes ____No

Research PI or Designee's Printed Name

Signature

Date

Attach to Petty Cash Form ____, Check Request Form ____, or PurCard Journal ____, as applicable.

DISBURSEMENT CENTER - 23 Mansfield Avenue, Burlington, VT 05401

GENERAL ACCOUNTING - 333 Waterman, 85 S. Prospect St, Burlington, VT 05405 Email:genacct@uvm.edu