

ORSP RESEARCH INCENTIVE PAYMENT
REQUEST FORM

SUBMISSION INSTRUCTIONS: Once all approvals are obtained, submit form to ORSP, SF302
Please refer to the **Guidance for Providing Research Incentive Payments** for requirements and restrictions

Requestor's Name: _____

Number of Research Incentives: _____ **Amount for Each Incentive:** _____

Are recipients current CSUEB Students? ___Yes ___No **Are recipients current CSU Employees?** ___Yes ___No

* Note that Principal Investigators (PI's) have the option to provide or not provide research incentive payments to research participants. For optional payments to current CSUEB students, University Student Account Credits will be provided as incentive payments. For optional payments to Non-CSU Employees, gift cards will be provided as incentive payments. Current CSU Employees are NOT permitted to receive incentive payments.

Purpose of Request: _____

Special Instructions: _____

Attach additional documentation to this form if needed.

PREPARER INFORMATION

| | | | |
|-------------------------|----------------------|----------------------|-------|
| Name of Preparer | | Department | |
| <input type="text"/> | | <input type="text"/> | |
| Phone | Email | Date | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Chartfield | | | |
| <input type="text"/> | | | |
| Account | - | Fund | - |
| | | Dept ID | - |
| | | Program | - |
| | | Project | - |
| | | | Class |

Is this payment being paid thru a research grant? Yes No

pages, including this form

DEPARTMENT APPROVAL

| | | |
|------------------------------------|----------------------|----------------------|
| Department/PI Approver Name | Signature | Date |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

ORSP APPROVAL

| | | |
|----------------------|----------------------|----------------------|
| Approver Name | Signature | Date |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |