

# Participant Payment Certification Form for CPRIT Grants

## About this Form

CPRIT grantees seeking reimbursement for allowable participant payment expenditures must complete and submit this form to CPRIT with the supporting documentation for the Financial Status Report (FSR) on which the expenditures are being claimed. **One form should be completed for all participant payments distributed during the FSR reporting period for a CPRIT grant award project.** Only those payments distributed to participants, including associated shipping and handling fees for each, may be claimed. The initial purchase of a bulk number of cards, credits, or any other form of payment yet to be distributed to participants, including associated shipping and handling fees, cannot be claimed for reimbursement. By submitting this form to CPRIT, the Program Director/Principal Investigator certifies the accuracy of the information provided.

## Instructions

1. Complete all information items on this form. Except for those rows which are unnecessary to report participant payments in the chart on the following page, do not leave any blanks. Include prorated shipping and handling costs for the individual participant payment reported on each row.
2. Retain on-site and make available upon request to CPRIT or an auditor all required documentation, as described in *CPRIT Policies & Procedures Guide Sec. 10.8.1 "Other" Source Documentation*, evidencing the participant payments reported in the table below. Total participant payments reported must match the general ledger accompanying the supporting documentation for the FSR.
3. The Program Director/Principal Investigator with access to participants' PII must complete the certification below.
4. Submit this form reflecting only those payments actually distributed to participants during the FSR reporting period.

## Complete the Following Information

Grant ID:

Grant Title:

Name of Principal Investigator/Program Director:

Quarterly FSR Reporting Period (MM/DD/YYYY to MM/DD/ YYYY):

to

Participant Identifier	Service Date	Service Description	Date of Participant Payment Distribution	Participant Payment Amount	Prorated Fees (e.g. shipping & handling)

**Total Number and Amount of Participant Payments Distributed:**

Number of Payments Distributed  Total Distributed (Incl. Fees) \$

**Certification by Program Director/Principal Investigator**

I have reviewed the complete information evidencing that participants received the payments reported hereon. All required documentation as described in *CPRIT Policies & Procedures Guide Sec. 10.8.1 "Other" Source Documentation* will be maintained onsite and made available upon request to CPRIT or an auditor. By my signature below, I certify that the complete information indicates that the payments were distributed to the individuals who participated in the program.

*Signature*

*Date (MM/DD/YYYY)*