PROCUREMENT & PROPERTY
Office of the Chief Financial Officer

Subcontractor Research Incentive Purchases

DATE:		**TO:**	**Procurement Representative**
SUBCONTRACT #:		**FROM:**	

This form contains the required information necessary to ensure proper controls are in place prior to the Subcontractor purchasing payment cards as research incentives for a research subcontract. Each question should be answered with as much detail as possible to provide the University, hereinafter "LBNL", with all the pertinent information necessary to review your request.

1. **Please provide the name of your research project and a detailed description of the project:**
   Please include the name of the LBNL Principal Investigator (PI) for the project.

2. **Who will have control of, and be responsible for, the distribution of the payment cards to the recipients? This individual will be designated as the Responsible Individual.**
   Please include full name, title, email address and phone number.

3. **How will the payment cards be distributed to the recipients (most common process: electronic codes will be sent to the Responsible Individual via email)? For multi-year research, limit the purchase of incentives to support one calendar year of research at a time. Please explain what controls you will have in place to secure the payment cards.**

4. **Please check the box below confirming you understand that the Responsible Individual (noted above) is required to maintain a Payment Log (for a seven-year period) that shall include: the unique identifier associated with each recipient, the date the payment card was distributed, and the amount associated with each card. The Responsible Individual will provide to the LBNL Procurement Representative a yearly update for incentive progress, including changes to research and/or requests for additional incentives for multi-year research, aligned with the annual compliance audit.**
   Please note that you will need to make this log available to LBNL when requested.

   ☐ I understand and agree to this requirement

5. **How will you ensure no LBNL employee, or any other federal employee, receives a payment card? (If the research protocol is expressly approved by the HSC to include some federal employees, please provide details on the steps taken to verify their eligibility.)**

6. **LBNL reserves the right to conduct an annual audit of compliance.**

   ☐ I understand and agree to this requirement

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The Responsible Individual hereby certifies that the above answers are true and correct, to the best of his/her knowledge and belief.

Responsible Individual	Date
LBNL Controller Concurrence	Date