



**FINA 3.00 – PARTICIPANT SUPPORT COSTS – APPENDIX C
PARTICIPANT SUPPORT PAYMENT FORM**

This form should be used for USCSP / USCIP only

Participant Details

Legal Name: _____

Mailing Address: _____

PeopleSoft Supplier ID: _____

Amount: _____

Project/Payment Details

PeopleSoft Project Number: _____

Description/Purpose of Payment:

Electronic workflow approvals are required in the PeopleSoft Finance system for all participant support costs. See [FINA 3.00 Procedure – Sponsored Awards – Participant Support Costs](#) for additional detail on participant support costs requirements.

Date: _____

Principal Investigator (Name, Email, Phone Number)

Departmental Contact (Name, Title, Email, Phone Number)

Attach this form using [Payment Request](#) or [Travel Authorization \(TA\) and Travel Reimbursement Voucher \(TRV\)](#) module in PeopleSoft Finance (depending on the nature of the specific payments)