THE UNIVERSITY OF MICHIGAN

STANDARD PRACTICE GUIDE

SECTION:	Business and Financial Services	**Number:**	501.7
		Revised:	1/2/01
SUBJECT:	Research Subject Fees	**Date Issued:**	
		Review Date:	6/30/03
APPLIES TO:	All Faculty, Staff and Non-employees who have agreed to serve as Research Subjects	**Attachments:**	9
ISSUED BY:	Financial Operations		

I. POLICY

Research Subject Fees are those payments made to individuals to compensate them for participation in research projects. The University pays to the human subject, an agreed upon amount, to participate in the project. The amount paid may be subject to Federal income reporting requirements and may also be subject to Federal and State income tax and Social Security tax. Limited exceptions will be approved by the Controller.

II. SCOPE

This guide is intended to cover payments to both University and non-University employees who have agreed to be research subjects.

III. UNIVERSITY EMPLOYEES

Subject fee payments to all University employees must be made through the Payroll Office. The definition of employee for purposes of this section is an individual who has received wages earned from the University in the previous six months. These payments should be initiated by completing a "Subject Fee Payment Form, Employees Only" (form "Employees", see Attachment A) and sent to the Payroll Office for processing. The payments are included in the next regularly scheduled paychecks for employees. All applicable withholding taxes will be withheld at the time of payment. Payments made by the Payroll Office to staff members from a "Subject Fee Payment Form, Employees Only" will be processed and retained within the Payroll Office. Departments will receive payment documentation on the Gross Pay Register.

IV. NON-UNIVERSITY EMPLOYEES

The paying department, without regard to payment amount, has **four** options to process the payments:

1. A departmental Imprest Cash Fund may be established to make cash payments to research participants. Reimbursement of the Imprest Cash Fund is accomplished by use of a Non-PO voucher, as described in SPG section 501.2-1. All cash payments are subject to the restrictions listed under this section. The department requesting payment should complete a "P-Card ATM or Imprest Cash Subject Fee Payment Documentation Form, Non-Employee" (form "ATMnonEmp", see Attachment C) that **requires** the name, address, and Social Security number of the individual receiving the payment. Also included on

the form, is a statement attesting to the fact that the individual is not an employee (has not received earned wages from the University of Michigan in the prior six months) of the University. After an audit by Procurement/Accounts Payable, the data will be stored for potential reporting on a Form 1099-MISC. At the end of the calendar year, if the accumulated payments to an individual reach $600 or more, a Form 1099-MISC will be issued. Information regarding imprest cash payments inadvertently made to a staff member will be forwarded to the Payroll Office for inclusion in Federal and State earnings.

2. The participants may be allowed to pick up their payment from a University Cashier's Office by presenting a completed "Subject Fee Payment Request Form, Non-Employee" and two signed pieces of valid identification at the cashier window (form "Nonemp", see Attachment B). The form must be filled out completely, including the social security number. The form will be attached to a Non-PO voucher, and forwarded to Procurement/Accounts Payable. After an audit by Procurement/Accounts Payable, the data will be stored for potential reporting on a Form 1099-MISC. At the end of the calendar year, if the accumulated payments to an individual reach $600 or more, a Form 1099-MISC will be issued. Information regarding cash payments inadvertently made to a staff member, will be forwarded to the Payroll Office for inclusion in Federal and State earnings.

3. Checks may be requested through the M-Pathways system using a Non-PO voucher. The required supporting documentation for the Non-PO voucher is a completed "Subject Fee Payment Request Form, Non-Employee", providing the participant's tax reporting information, including the social security number (form "Nonemp", see Attachment B). The data will be stored for potential reporting on a Form 1099-MISC. At the end of the calendar year, if the accumulated payments to an individual reach $600 or more, a Form 1099-MISC will be issued.

4. Participants may be paid in cash obtained through P-Card ATM withdrawals. Participants must provide tax reporting information on a "P-Card ATM or Imprest Cash Subject Fee Payment Documentation Form, Non-Employee" (form "ATMnonEmp", see Attachment C) to document their receipt of funds. These forms are used as supporting documentation for the monthly P-Card statement or the Non-PO voucher, and must include a social security number. A separate form for each individual subject must be completed, attached to the ATM Cash Withdrawal/Miscellaneous Expenses Reconciliation Form, (form "ATMCW", see exhibits - Attachment D), and the monthly P-Card statement, (see exhibit Attachment E) and submitted to Procurement/Accounts Payable Office. It is suggested that one ATMCW form be used only for Subject Fee withdrawals, and a separate ATMCW be used for all other withdrawals. Monies withdrawn from the ATM but not paid out in the statement period, must be returned via check by the end of that statement period. Withdrawals may not be carried over to the next statement period. Contact P-Card Group at 647-7333 or email, purchcard@umich.edu.

   After an audit by Procurement/Accounts Payable, the data will be stored for potential

reporting on a Form 1099-MISC. At the end of the calendar year, if the accumulated payments to an individual reach $600 or more, a Form 1099-MISC will be issued. Information regarding any cash payments inadvertently made to a staff member, will be forwarded to the Payroll Office for inclusion in Federal and State earnings.

All three subject fee payment forms: Employee, Non-Employee, and Non-Employee P-Card ATM and Imprest Cash, and the ATM Cash Withdrawal/Miscellaneous Expenses Reconciliation form are available on the web at http://www.umich.edu/~finops/index_js.htm, select "M-Pathways Forms" from the left hand list, then "PeopleSoft Forms" on the grid.

INSTRUCTIONS and JOB AID FOR PROCESSING EMPLOYEE SUBJECT FEES

PROCESSED BY THE PAYROLL OFFICE

Research Subject Fees are those payments made to individuals to compensate them for participation in research projects. The University of Michigan pays to a human subject, an agreed upon amount, to participate in the project. The amount paid may be subject to Federal income reporting requirements, and may also be subject to Federal and State income tax and Social Security tax.

If the participant is an **employee** (someone that has received earned wages from the

University of Michigan within the prior six months), a "**Subject Fee Payment**

Form, Employees Only" must be used.

FORM INSTRUCTIONS:

Department Name:	Enter the complete department name, or organization.
Legacy account #:	Enter the six-digit Legacy account number.
Contact Person's Name:	The contact person listed should be someone that may be contacted in order to provide further details of the payment, if required.
Phone #:	The telephone number should be that of the contact person.
Social Security Number and Subject's Name:	List each employee that has taken part in the study or projector project. A Social Security number must be provided. If additional space is required for multiple names, a list may be attached to this form.
Authorized Signer's Name:	Print authorized signer's name.
Date:	Enter the date the form was signed.
Authorized Signer's Signature:	The signature of the person authorizing the payment, and thereby guaranteeing that all guidelines are being met, surrounding the subject fee payment.

All Subject Fee forms are available and may be downloaded from this address:

http//www.umich.edu/~finops/FormsReports/Forms

THE UNIVERSITY OF MICHIGAN – PAYROLL OFFICE
SUBJECT FEE PAYMENT FORM
EMPLOYEES ONLY*

***The form that is used to pay non-employees can be downloaded from: http//www.umich.edu/~finops/FormsReports/Forms**

TO BE COMPLETED BY DEPARTMENT (*Please type or print)*

Department Name: _____ Legacy account*#:*_____

Contact Person's Name:_____ Phone #:_____

Subject Fee Payments requested for the following staff members (ANYONE THAT HAS RECEIVED EARNED WAGES WITHIN THE PAST 6 (SIX) MONTHS) will be paid in their next scheduled payroll. Payments for staff members will be distributed in the same manner as their regular pay. Social Security Number, name and Payment Amount must be entered for all staff members. Send completed and signed form to the Payroll Office, 3003 S. State St., Room G395 Wolverine Tower, Ann Arbor, MI 48109-1279.

Social Security Number and Subject's Name (Last, First, MI)	Payment Amount	Social Security Number and Subject's Name (Last, First, MI)	Payment Amount

Authorized Signer's Name: _____ Date: _____

Authorized Signer's Signature: _____

INSTRUCTIONS and JOB AID FOR PROCESSING NON-EMPLOYEE SUBJECT FEES

PROCESSED BY PROCUREMENT/ACCOUNTS PAYABLE

Research Subject Fees are those payments made to individuals to compensate them for participation in research projects. The University of Michigan pays to a human subject, an agreed upon amount, to participate in the project. Total amounts of $600 or more, paid to any one participant are subject to Federal income reporting requirements.

One of two forms must be chosen in order to pay the participant:

If a cash payment is to be made using your **P-Card or Imprest Cash Fund**, a "**P-Card ATM or Imprest Cash Subject Fee Payment Documentation Form, Non-employee"** must be used. (Attachment C)

FORM INSTRUCTIONS for **P-Card ATM or Imprest Cash Subject Fee Payment Documentation Form, Non-employee**:

Date:	Enter the date that the payment was made to the individual.
Voucher Number:	Enter the non-po voucher number. (Completed by A/P).
Imprest Cash Fund:	If you are using your Imprest Cash Fund, enter that number here.
University Department:	Enter the complete department name, or organization.
Department Contact Person:	The contact person listed should be someone that may be contacted in order to provide further details of the payment, if required.
Department Telephone Number:	The telephone number should be that of the contact person
Departmental Reference Number (optional)	A reference number would be information that would assist the department in tracking the payment. (Optional)
Amount:	The dollar amount and written dollar amount of the payment made.
Name Printed and Signature of the Authorized Signer:	The printed name and signature of the person authorizing the payment, and thereby guaranteeing that all guidelines are being fulfilled, surrounding the subject fee payment

Chart Fields:	The Chart Fields of the organization must be completed. However, the account code for Subject Fees has already been supplied, and must not be changed
Participants first name, middle initial, last name:	The participant must provide their name clearly printed.
Social Security Number:	The participant must enter their social security number. This information is required for Federal tax purposes.
Street address, City, State, and Zip	The participant must include an address. This information is necessary in order for us to mail potential tax documents.
I hereby…….	This box must be checked verifying the receipt of cash.

This form **must** accompany a P-Card statement and ATM Cash Withdrawal/Miscellaneous Expenses Reconciliation form, or Imprest Cash Fund voucher, and be sent to P-Card Office, or Accounts Payable and Travel Office, 5091 Wolverine Tower, 1287

If a payment by check is to be requested via the **M-Pathways** system, the form **Subject Fee Payment Request Form, Non-Employee** must be used. (Attachment B)

This form must also be used if the participant wishes to receive **cash** by presenting the completed form and two pieces of identification to a University of Michigan Cashier's Office.

FORM INSTRUCTIONS for **Subject Fee Payment Request Form, Non-Employee**:

Preferred method of payment:	One of the three choices of payment must be checked.
Department information:	Follow steps above
Participant information:	Follow steps above
Mail payment….	Participant must indicate whether the check is to be mailed, by checking this box.
I hereby…….	Participant must indicate if cash has been received from the Cashier's Office, by checking this box.

This form **must be attached** to a Non-PO voucher and sent to Accounts Payable and Travel Office, 5091 Wolverine Tower, 1287.

All Subject Fee forms are available and can be downloaded from this address:

http//www.umich.edu/~finops/FormsReports/Forms

THE UNIVERSITY OF MICHIGAN
SUBJECT FEE PAYMENT REQUEST FORM
NON-EMPLOYEE

Please indicate the preferred method of payment:

1)_____ Check issued via M-Pathways system
2)_____ Check issued by University Cashiers Office

3)_____ Cash issued by University Cashiers Office

TO BE COMPLETED BY DEPARTMENT

Fee Disbursement
Date: _____

Participant
Vendor ID#_____

University Department:_____

Departmental Contact Person:_____

Departmental Telephone Number:_____

Departmental Reference Number (optional):_____

Amount: $_____ Written Amount: _____ Dollars

I certify that the terms, restrictions and qualifications set forth in this form's administration policy are met and that the payments are in compliance with all conditions imposed by the funding source.

Name Printed:_____ Authorized Signature:_____

Bus Unit	Account	Fund (5)	Organization (6)	Program (5)	SubClass (5)	Project/Grant
UMICH	613100					

TO BE COMPLETED BY PARTICIPANT
My signature below certifies that I have not received wages earned from the University of Michigan within the past six (6) months.

First MI Last — Social Security Number
Participant's Printed Name

Street Address — City, State, Zip

- Mail payment to me at the above address.
- I hereby acknowledge that I have received the above-described amount as full payment for my participation.

_____
Participant's Signature

Forward voucher and attachments to: Accounts Payable and Travel Office
5091 Wolverine Tower – 1287
734 764 – 8212

THE UNIVERSITY OF MICHIGAN
NON-EMPLOYEE
P-CARD ATM or IMPREST CASH SUBJECT FEE PAYMENT DOCUMENTATION FORM

This form is used to document P-card ATM cash or Imprest cash equivalent payments.

TO BE COMPLETED BY DEPARTMENT

Fee Disbursement
Date: _____

Voucher #_____
Imprest Cash Fund #_____

University Department:_____

Departmental Contact Person:_____

Departmental Telephone Number:_____

Departmental Reference Number (optional):_____

Amount: $_____ Written Amount: _____ Dollars

I certify that the terms, restrictions and qualifications set forth in this form's administration policy are met and that the payments are in compliance with all conditions imposed by the funding source.

Name Printed:_____ Authorized Signature:_____

Bus Unit	Account	Fund (5)	Organization (6)	Program (5)	SubClass (5)	Project/Grant
UMICH	613100					

TO BE COMPLETED BY PARTICIPANT

My signature below certifies that I have not received wages earned from the University of Michigan within the past six (6) months.

_____ _____
First MI Last Social Security Number
Participant's Printed Name

_____ _____
Street Address City, State, Zip

☐ I hereby acknowledge that I have received the above described amount as full payment for my participation.

_____
Participant's Signature

Include this form with your monthly P-card statement (ATM/Misc. Expense Form) or Accounts Payable Imprest Cash Fund Voucher & send to:

P-Card Office or
Accounts Payable and Travel Office
5091 Wolverine Tower – 1287

ATM Cash Withdrawal/Miscellaneous Expenses Reconciliation Section:

Cardholder Name _____

Vendor ID Number _____

Report Period 07/25/00-08/24/00

Total ATM Cash Withdrawal 1,500.00

Amount for this Posting Cycle: _____

Please initial in the space if you do NOT want your reimbursement directly deposited into your bank account. [ ]

Please list all of out-of-pocket (cash) expenses below:

Date	Description	Account	Fund	Org	Program	SubClass	Proj/Grant	Amount	Trip #
9/01	ATM Sub Fees	613100						-1,500.00	
9/1-9/20	20 sub fee's at $15.00	613100						300.00	
	See attached support								
9/14	CK# 2222 attached	613100						1,200.00	

This example shows $1,500 withdrawn for subject fees, but only $300 was disbursed. Attached to this reconciliation should be 20 Subject Fee forms as support (see Attachment C), your P-Card statement (see Attachment E), and a check for the balance of $1,200, due from the P-Card Holder. **NOTE: WITHDRAWAL LIMITS VARY. PLEASE CONTACT THE P-CARD GROUP AT 647-7333 OR purchcard@umich.edu WITH ANY QUESTIONS. We suggest a separate reconciliation form be filled out for subject fee disbursements.**

Total Expenses 300.00

Amount Due To/**From** P-Card Holder 1,200.00

All expenses must adhere to University of Michigan Travel Policies and procedures Standard Practice Guide section #501.4-1. If your ATM cash withdrawals exceed your incidental expenses, please attach a check made payable to the University of Michigan. If your expenses exceed your ATM cash withdrawals, your reimbursement can be directly deposited into your bank account. Attach additional sheets if necessary.

ATM Cash Withdrawal/Miscellaneous Expenses Reconciliation Section:

Cardholder Name _____

Vendor ID Number _____

Report Period 07/25/00-08/24/00

Total ATM Cash Withdrawal 1,500.00

Amount for this Posting Cycle: _____

Please initial in the space if you do NOT want your reimbursement directly deposited into your bank account. [ ]

Please list all of out-of-pocket (cash) expenses below:

Date	Description	Account	Fund	Org	Program	SubClass	Proj/Grant	Amount	Trip #
9/11	**ATM Withdrawal**	**613100**						**-1,500.00**	
9/1-9/20	**ATM Sub Fees**	**613100**						**1,000.00**	
	50 sub fees @ $20								
	See attached support								
9/21-9/25	**Meals**	**623528**						**300.00**	**1111**
9/21-9/25	**Parking**	**623542**						**240.00**	**1111**
9/21-9/25	**Mileage 20x32.5**	**623542**						**65.00**	**1111**

This example shows a $1,500 cash withdrawal. Out of this amount, $1,000 was disbursed for subject fee payments, $605 was disbursed for other expenditures, with a balance of $105 due to the P-Card Holder. Attached to this reconciliation should be 50 subject fee documents as support (see Attachment C), and your P-Card statement (see Attachment E). A check for $105 will be issued to the P-Card Holder. **NOTE: WITHDRAWAL LIMITS VARY. PLEASE CONTACT THE P-CARD GROUP AT 647-7333 OR** purchcard@umich.edu **WITH ANY QUESTIONS. We suggest a separate reconciliation form be filled out for subject fee disbursements.**

Total Expenses 1,605.00

Amount Due **To**/From P-Card Holder 105.00

All expenses must adhere to University of Michigan Travel Policies and procedures Standard Practice guide section #501 4-1. If your ATM cash withdrawals exceed your incidental expenses, please attach a check made payable to the University of Michigan. If your expenses exceed your ATM cash withdrawals, your reimbursement can be directly deposited into your bank account. Attach additional sheets if necessary.

*** * * Please attach all vendor receipts * * ***

ATM Cash Withdrawal/Miscellaneous Expenses Reconciliation Section:

Cardholder Name _____

Vendor ID Number _____

Report Period 07/25/00-08/24/00

Total ATM Cash Withdrawal 1,500.00

Amount for this Posting Cycle: _____

Please initial in the space if you do NOT want your reimbursement directly deposited into your bank account. [ ]

Please list all of out-of-pocket (cash) expenses below:

Date	Description	Account	Fund	Org	Program	SubClass	Proj/Grant	Amount	Trip #
9/11	**ATM Sub Fees**	**613100**						**-1,500.00**	
9/1-9/20	**25 sub fee's at $60.00**	**613100**						**1,500.00**	
	See attached support								

This example shows $1,500 withdrawn for subject fees, and $1,500 being disbursed. Attached to this reconciliation should be 25 subject fee documents as support (see Attachment C), and your P-Card statement. (see Attachment E) No money is due from or to the P-Card Holder. **NOTE: WITHDRAWAL LIMITS VARY. PLEASE CONTACT THE P-CARD GROUP AT 647-7333 OR** purchcard@umich.edu **WITH ANY QUESTIONS. We suggest a separate reconciliation form be filled out for subject fee disbursements.**

Total Expenses 1,500.00

Amount Due To/From P-Card Holder 0

All expenses must adhere to University of Michigan Travel Policies and procedures Standard Practice guide section #501 4-1. If your ATM cash withdrawals exceed your incidental expenses, please attach a check made payable to the University of Michigan. If your expenses exceed your ATM cash withdrawals, your reimbursement can be directly deposited into your bank account. Attach additional sheets if necessary.

Report ID: MPR00201
Business Unit: UMICH
Report Date : 06/29/2000

The University of Michigan
Purchasing Card
Account Statement and Reconciliation Form

Accounting Date: 7/ 1/00
Begin Date: 5/25/00
End Date: 6/24/00

CARD HOLDER NAME

Recipient Oprid

P-Card Number

Questions/Comments concerning your account?
Please call : (734) 647-7333 or
E-mail:"PurchCard@umich.edu"

Transaction Posting Date	Merchant Name	Transaction Date	Original Curr Amt	Trip Number	Voucher No	
	Account / Fund / Org / Program / Sub-class / Project					Amount
City	Description		Dept. Reference Number			
5/25/00	BANK ONE	05/24/00	1,500		P0049919	1,500
	613100 / 10000 / 211004 / ADMIN / 46000					
877-255-2377 NH	SUBJECT FEES		PROJECT B34			
5/25/00	RIM BLACKBERRY	05/24/00	19.99		P0049920	19.99
	611200 / 10000 / 211004 / ADMIN / 46000					
877-255-2377 NH	PAGER 052400-062300		SWD			
5/29/00	APPLE QUICKTIME PRO	05/26/00	29.99		P0052615	29.99
	612100 / 10000 / 211004 / ADMIN / 46000					
888-295-0648 NY	SOFTWARE QUICKTIME PRO		SWD			
5/29/00	NWA AIR 01221542557315	05/27/00	-1,857.00	40825	P0052616	-1,857.00
	623500 / 30000 / 211004 / DISCR / 45000			G000583		
MINNEAPOLIS MN	AIRFARE REFUND		SWD			

See attachments D