## SPONSORED PROJECT PARTICIPANT CERTIFICATION

The purpose of this form is to document the non-compensatory nature of participant payments made to or on behalf of participants in a sponsored workshop, conference, seminar, symposia or other short term training or information sharing activity. Participant expenses are incurred solely to fulfill the goals of a specific sponsored project. Participant expenses usually are travel costs associated with attendance at the sponsored workshop, conference, seminar, symposia or other short-term training or information sharing activity.

Participants are not required to perform any services other than attending and being engaged in the sponsored event or activity. Participants may be trainees where the participant is the primary beneficiary of the sponsored activity rather than NAU or a third party.

| Project Information   |                             |                                      |       |              |                 |
|---|-----------------------------|--------------------------------------|-------|--------------|-----------------|
| Date:   |                             | Department #:                        |       |              |                 |
| Principal Investigator (P   | I) Name:                    |                                      |       |              |                 |
| Total of Anticipated Payments:  |                             | Project ID #:                        |       |              |                 |
| Participant Information   |                             |                                      |       |              |                 |
| Participant Name:   |                             |                                      |       |              |                 |
| Street Address:   |                             |                                      |       |              |                 |
| City:   | State:                      | ite: Zip Code: Phone Number:         |       |              |                 |
| If "No," payment amoun<br>complete the Alien Data<br>See Comptroller policy 4<br>Is participant currently | Collection F                | orm and IRS Form                     | 8233. | Yes          | No              |
| Certification<br>This payment is for payr<br>where no services (inclu<br>payment in connection v          | ding resear<br>with the spo | ch related service onsored activity. | • •   | s a conditio | on of receiving |
| PI or Designated Signature Auth Name Signature  |                             | Name                                 |       |              |                 |
| Signature   |                             | Signat                               | ure   |              |                 |

Please forward completed form with signature to OSP, PO Box 4130 OR email NAU-OSP@nau.edu

