

**Participant Certification**  
Object Code 7400, Participant Expenses

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 ASU or a third party. Trainees are distinct from interns in that interns provide services to ASU or a third party and must be paid through the ASU payroll system. ASU employees who are participants also must be paid any participant stipend through the ASU payroll system. For assistance in determining what payments are required to be paid through the payroll system see <http://www.asu.edu/fs/TaxDept/chart/Guideintro.html>

Participant's Name: \_\_\_\_\_

Participant's SSN: \_\_\_\_\_

Stipend Amount: \_\_\_\_\_

Reimbursement Amount: \_\_\_\_\_

Is participant a US Citizen, Resident Alien, or Permanent Resident?

- Yes
- No (If stipend amount > \$100, individual must complete the Alien Data Collection Form and IRS Form 8233 if tax treaty benefits are claimed)

**Certification** (To be completed by an authorized departmental representative):

This payment is for a stipend or expense reimbursement to a participant (who is not an ASU employee) in a sponsored project, where no services (including research related services) are required as a condition of receiving payment in connection with the sponsored activity.

Department: \_\_\_\_\_

Department Representative's Name<sup>(1)</sup>: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

<sup>(1)</sup> Principal investigator or authorized signer