



PARTICIPANT SUPPORT CERTIFICATION

Object Code 7400, Participant Support

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, instead of 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 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: _____

Vendor Code/ASU ID: _____

Stipend Amount: _____

Reimbursement Amount: _____

Is the participant a U.S. citizen, resident alien or permanent resident?

Yes

No (If stipend amount > \$100, the individual must complete the Alien Data Collection Form and, if tax treaty benefits are claimed, IRS Form W-8Ben must be completed and attached).*

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⁽¹⁾: _____

Signed: _____

Date: _____

⁽¹⁾ Principal investigator or authorized signer

*To find out if a tax treaty may be available to exempt the support payment from U.S. tax withholding requirement and/or for assistance in completing the Form W-8Ben correctly for a tax treaty, please contact Tax Services at 480.965.0108).