

Payments to Stakeholders / Advisory Group Participants

SCOPE & INTRODUCTION

This document outlines how Stakeholders and Advisory Group Participants are compensated for participating in stakeholder and advisory group meetings funded by University activities and sponsored awards.

This guideline is necessary to reasonably ensure compliance with reporting requirements and ensure that payments are appropriately issued. The guideline also exists to reduce administrative burdens and identify the dollar threshold that determines when the University must collect confidential information in certain situations. The University must comply with sponsor requirements, IRS guidelines, University regulations, and good business practices.

DEFINITIONS

Stakeholder / Advisory Group Member: A compensated participant that is part of a group organized by the University, who has specific knowledge, experience, or expertise and advise on plans, policies, or topics of interest to the University. These individuals and committees do not have decision-making authority. Stakeholders and Advisory Group Members <u>are participants only</u> **and** <u>do not</u> receive payment for providing professional services, consulting, or a product to the University as part of their participation.

Payment: Any kind of remuneration including cash, check, gift card, or other item of value paid to the group member for their participation.

Tax information: Includes the participant's full name, social security number, and mailing address via the IRS Form W-9.

PAYMENT METHODS AND PROCESSES

Payments made to Stakeholders and Advisory Group members may be paid by:

- Direct Deposit or Check through the ePR system*. For Direct Deposit payments, the individual must complete a Direct Deposit form.
- Petty Cash, gift cards, etc. if \$100 or less.
- If a participant is a University employee, the participation fee must be paid as <u>Additional Compensation</u> through Payroll.

^{*} **IRS Form W-9** must be completed and submitted for an ePR payment request; Form W-9 is required to set the individual up in the ePR system, otherwise payment cannot be made through the ePR system.



Stakeholder / Advisory Group Participation Form Check List

At the	e time of or prior to the meeting:						
	Ensure the Participation Form has been filled out completely and correctly, including:						
	 Obtain and enter the person's name, and phone num The date of the meeting. A brief description with appropriate details of what to How much the person is to be paid. Obtain if the person wants to be paid via Direct Deporate, gift card, etc.). The chartfield and preparer's name and extension has 	the topic or purpose of the meeting will cover. Dosit or Check (if payment is not to be made via Petty					
	Ensure that an <u>IRS Form W-9</u> has been completed and submitted by the person. <i>This form is required for Federal Tax reporting purposes and for payments to be made from the ePR system.</i>						
	If the person is to be paid via Direct Deposit, the <u>University Direct Deposit Form</u> must be submitted.						
Upon	Completion of the Meeting:						
	section. This validates that the meeting occurred and th **If signatures are missing, payment will not be issued. An email from the A	ure the Participant and appropriate University employee sign the "Verification of Meeting Occurrence" tion. This validates that the meeting occurred and that payment can be made. Signatures are missing, payment will not be issued. An email from the Authorized University signer stating that they acknowledge the meeting rred is OK in the event the person is not present or available to sign the form upon completion of the meeting. Emailed verifications must be ded in the submitted documentation with the Form.					
After	the Meeting:						
	For ePR payments (Direct Deposit or Check), include:						
	(2) The completed Participation Form(3) The IRS W-9 Form	 required for every payment required for every payment for first payment and once every calendar year first DD payment or if DD bank account is changed 					
	as the documention to be submitted with the payment r **Failure to properly complete and submit the above items will delay paym	•					
OR							
	For Petty Cash, Gift Cards, or Gift Certificates (not submitted in ePR):						
	Cash, gift cards, etc.	ion Form as documentation of the payment for Petty provide documentation and Form W-9 to <u>Tax Services</u>					



Stakeholder / Advisory Group Participation Form

NAME (DE STAVEHOL	DED / ADVISO	DRY GROUP PARTICPANT	PHONE NUMBE		EMAIL ADDRESS		
NAIVIE	JF STAKEHUL	DER / ADVISC	RY GROUP PARTICPAINT	PHONE NUMBE	:K	EMAIL ADDRESS		
07055	T 4000000				NITY OTATE AND TIP CORE			
STREE	T ADDRESS			(CITY, STATE AND ZIP CODE			
	Participant Irpose:	agrees to	participate as a Stakehol	der / Advisory G	roup Member on	(date) for	r the following topic	
<u> </u>								
The Participant certifies they <u>are not providing professional services</u> , <u>consulting</u> , <u>or a product for compensation</u> and that they are currently not an employee of the University of Utah. The above named person agrees to indemnify and hold harmless the University of Utah from any loss, liability, or damage resulting from any act or omission of the above named person related to or associated with this meeting.								
The University of Utah agrees to pay the Participant a participation fee of \$								
□ r	irect Depo	ocit	☐ Che	ack		□ Patty Cach Cift Ca	ard, or Gift Certificate	
				-	'-9 also required.	For payments \$100 or less – W-		
*Payment by Check or Direct Deposit will be made within 30 days of the meeting.								
Partic	ination Ac	knowledae	ment: STAKEHOLDER / ADVI	SORY GROUP MEN	/BFR			
			THE THE STREET OF THE STREET	John Gridon III.				
SIGNAT	TURE			DATE				
Verification of Meeting Occurrence: (to be signed after the meeting has occurred)								
By signing below, I verify (1) the above-described meeting occurred; (2) the above named Participant attended the								
meeting; and (3) payment can be issued.								
PI / ACC		TIVE / DESIGN	EE SIGNATURE	UID		DATE		
	umc.							
For Accounting Purposes:								
DII	0:-	F	Applicates / Donings	Assaurat C				
BU	Org	Fund	Activity / Project	Account Code				
				62150				
			Chartfield – Must use acco	unt code 62150	Preparer's Name	<u> </u>	Phone Number	