

Louisiana State University Office of Accounting Services Bursar Operations 125 Thomas Boyd Hall

ACKNOWLEDGEMENT OF CASH INCENTIVE PAYMENT					AS549	
Name of Workshop/Research Study						
Account #		Contact/Principal Investigator(PI)			_ Phone	
Dates of Participationto		Approved by		Date		
LSUID	Name	Address	City/State/Zip *	Amt Received	Signature	

^{*} Payments to nonresident aliens must comply with the procedures set forth in FASOP: AS-04