**MARQUETTE UNIVERSITY (“MU”)**

**PARTICIPATION AGREEMENT WORKSHEET**

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| --- | --- |
| Number of Participants: |  |
| Participant Role: |  |
| Project Title (“Project”): |  |
| Sponsor: |  |
| Grant Number: |  |
| Agreement Term (*Start & End Date*): |  |
| Participant #1 Name:  Participant #1 Email: |  |
| Participant #2 Name:  Participant #2 Email: |  |
| Participant #3 Name:  Participant #3 Email: |  |

**NOTE: If you have more than three (3) participants, please provide a complete list of participant names and email addresses as a separate file.**

**Responsibilities:**

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**Honorarium Amount:**

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**Expense Reimbursement Amount (if applicable):**

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**Payment and Reimbursement Conditions/Expectations:**

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**Payment/Reimbursement Date(s):\***

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| \*Payment requests will be initiated on these dates. Participant must allow up to 45 days to receive payment. |