

University of South Florida

Request for Gift Card Purchases for Payments to Research Study Subjects

Submitted by:

Date:

Department:

Principal Investigator Name:

Principal Investigator:
(or Co-Investigator, if applicable)

Phone:

Email:

Project Name:

Chartfield:	OPER UNIT	FUND	GL ACCOUNT	DEPT ID	PRODUCT ID	INITIATIVE	PROJECT ID

[For more information refer to CCHIP 017](#)

Budget Begin Date:

Budget End Date:

PRO/IRB#:

Approval Date:

Expiration Date:

****Must include PRO/IRB# or a copy of the agreement with receipts when submitting statement packages or when purchasing through Bull Marketplace.**

Dollar amount to be spent on gift cards

I certify that the above project information is correct.

Print Name of Principal Investigator *or* Co-Investigator

Signature of Principal Investigator *or* Co-Investigator

Date

Contact for Payment
Requests:

Phone:

Email:

USF Research & Innovation Approval

Date

This request will not be processed without the following documentation:

1. Grant Budget Release Form (GBR)
2. IRB approval letter and compensation page from protocol

Return completed form, with attachments, to:

pcard@usf.edu