



Gift Card Purchase Form

Date: _____

PI: _____

Activity #: _____ Detail Account: **540709** Account Category: **54523**

Project Title: _____

IRB Protocol #: _____

Anticipated enrollment: _____

Please describe how gift cards will be given (*Usually outlined in the IRB, budget, schedule of events, etc.*)

Please fill out the following or attach a quote from the vendor:

Vendor name:

Amount per card:

Quantity of card:

Store Activation/Processing Fee:

Total Value:
(must match the check requisition)

PI Signature : _____ Date: _____

I certify that gift cards are purchased for use in the study identified above and that documentation and study logs will be maintained in order to reconcile against the study financial records. Research Finance has the right to review these logs in the event of an audit or internal review and documentation must be provided.