Participant Gift Card Request Form

Completion of the following form outlines the process that will be used to ensure proper stewardship of gift cards for participants.

Chartfield:						
Fund	ORG	Function	Entity	Source	Purpose	Project
IRB # (if requ	uired):					
Name, purp	ose, and sho	rt description	of study:			
	denominatio		for gift cards	being requested	d (please include	methodology
Expected tir	neline for di	spensing gift c	ards:			
			_	disseminating t g., safe/locked o	he gift cards (pro cabinet/safe).	ovide names of
		requirement to		d payments to U	IS Citizens only. I	Resident and non-
Yes		paid via vouch	cı.			

Revised: 12/19/2023

with Participant Gift C	ng gift card recipients are NOT resident aliens or nonresident aliens, in accordant Card Policy and IRS tax compliance requirements (i.e., forms, tools, or other by residency information).
•	ne tax reporting threshold (individual payments above \$100 or cumulative o be above \$500), are you collecting participant social security numbers?
Yes	No
lease list your proced	dures for collecting participant social security numbers.
ame of responsible o	custodian of the cards and all persons with access to the gift cards.
rocedure and person ot using the participa	(s) responsible for reconciling the gift cards (provide names and forms used if ant log provided).
rocedures for unused	d gift cards.
	of the study, the expense for any unused gift cards that remain on SPNSR/SP4:

projects must be transferred off the project and onto a non-sponsored chartfield.

Revised: 12/19/2023

cards requested and that I have read the University's Participant Incentive Gift Card Policy and Participant Reporting Guidelines.

https://financialservices.ouhsc.edu/Policies-and-Procedures/participant-incentive-gift-cards

https://www.ouhsc.edu/policy/#19931991-section-557---participant-payment-policy

https://financialservices.ouhsc.edu/Forms/participant-log

https://financialservices.ouhsc.edu/Forms/participant-log-instructionsexample

Pcard Holder's Name Signature Date

Signature

Custodian's Name

By signing this form, I confirm that the above outlined process will be applied to the participant gift

Revised: 12/19/2023

Date