**Certification for Purchasing Gift Cards to Use**

**as Payment to Research Participants**

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| --- | --- | --- | --- |
| **Date** |       | **Acct #** |       |
|  |  | **Funding Source** |       |
| **PI** |       |
| **Title of Study** |       |
| **IRB Protocol #** |      \* |
| **Estimated Completion Date of Study** |       |
| **Card Vendor** |       | E-cards: [ ]  Physical Cards: [ ]  |
| **# of Cards** |       | **Amount per card** | $       |
| **If using a purchasing card, name of cardholder** |       |

\* ORSP will verify that the IRB approval is current and that the IRB has approved the use of gift cards as payments to the research participants.

**By signing below, the principal investigator acknowledges that the gift cards will only be used for the purpose of paying research participants for their participation in the research project specified on this form and they will complete the “Gift-Card Distribution Form” to the Office of Research & Sponsored Programs as documentation for the distribution of these cards.**

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| Principal Investigator | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Faculty Sponsor (if PI is a student) | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Account Approver (if different than PI) | Date |

\* This request must be approved by ORSP prior to the gift cards being purchased. Once approved, a notification will be sent via email to the requestor.