

Request for Research Incentive Reimbursement

| DATE: | IRB #: | PI NAME: | |
|--|------------------------------|-------------------------|--|
| PROJECT #: | SPONS | OR: | |
| NAME: | | | |
| First | MI | | Last |
| ADDRESS: | | | |
| CSC AFFILIATION: | | EMAIL: | |
| NUMBER OF | AMOU | JNT OF | TYPE OF GIFT CARD |
| GIFT CARDS | GIFT (| CARDS | (STORE/VENDOR NAME) |
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| | | | |
| Assertation and Certification for Purchase of Gift Cards as Research Incentives: | | | |
| | - | - | med above and this distribution is incentive payments and relevant IRB |
| PI or Department Head Signature: | | Date: | |
| | | | |
| Research Team Member Signature: | | | Date: |
| Please attach all receipt | s for gift card purchase(s). | If recipients are not a | anonymous, please include the |

Please attach all receipts for gift card purchase(s). If recipients are not anonymous, please include the employee/student ID (if applicable) of recipient(s) or the name & address of recipient(s).