Research Participants Gift Card Compliance Form

Completion of this form will allow research coordinators to take the proper steps to ensure the essential information needed for reimbursement of research participants gift cards.

| Complete the following: | | |
|----------------------------------------------------------|--------------------------------------------------------------|------|
| FMS Project # | Award # | |
| Award budget period | | |
| Name and purpose of study | | |
| | | |
| | | |
| Procedure for dissemination of | f cards including principal investigator sign off. | |
| | | |
| | | |
| | | |
| Procedure for storing and trace.g. safe, locked cabinet) | cking cards (provide location and method of securing the ca | ards |
| | | |
| | | |
| | | |
| Name of responsible custodian names) | of the cards and those who have access to the cards (provide | e |
| | | |
| What is the dollar denomination | on of the card? | |

| If the vendor is not Walmart, Target or National Gift Card, why was the vendor chosen? |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Note: It is highly recommended that gift cards only be ordered in amounts sufficient to cover 60-90 days of participant awards. Please confirm that this order conforms to this request, and if not why? |
| Procedure for unused gift cards. Upon expiration of the study, the expense for any unused gift cards that remain must be transformed off the project and onto a designated about field. |
| cards that remain must be transferred off the project and onto a designated chartfield. It is the responsibility of the Department to initiate this process. Refer to the UT Health Cost Transfer Policy (HOOP 96) for processing details. |
| CONFIRM BELOW THE DEPT. WILL APPLY THIS PROCEDURE FOR ALL REMAINING GIFTS CARDS |
| I confirm that I have read the following information located at https://www.uth.edu/sponsored-projects-administration/tools-resources/tools-resources-documents/research-participant-1099-guidelines.docx |
| |
| Print Name |
| Signature Date UTHealth The University of Texas Health Science Center at Houston |