



**Controller's Office
Research Participant Card Request Form**

Administrator's Name: _____
 Department Name: _____
 Research Program or Study: _____
 IRB Approval Date: _____ (Attach IRB approval)
 Requested Pick Up Date: _____

Intended Use of Cards:

Chartfields:

Operating Unit	Department	Fund	Account	Class	PC Business Unit	Project	Activity
			19010				

Card Requests:

	Number of cards		Amount per card (min \$5 max \$100)		\$ Total Amount
Set 1:	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Set 2:	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Total \$ Amount of All Cards:					<input type="text"/>

Unused cards cannot be returned to the Controller's Office. Please take this into consideration when ordering cards.

By signing below, I certify that:

- Participant cards will be distributed and used only for intended purpose as specified on this form.
- The research department will maintain all records and report payments as needed to the Controller's Office per procedure.
- Cards will be stored in a secured safe.

Requested By: Date:
 PI Approval: Date:
 Departmental Approval: Date:

Please email this Request Form to cards@mailbox.sc.edu

Controller's Office Use Only:

Card Request ID: Card Series:
 Cards Received By: Date Received: