

Financial Services
**Study Participant Payments
Gift Card Request Form**

Requestor Name:		E-mail:	
Alt. Requestor Name:		E-mail:	

Memo/Description (Maximum 30 characters)			
Requesting Dept. ID & Dept. Name:		Protocol/IRB #	
Phone:		Date:	

Project ID	Source	Org	Activity	Purpose	Function	Object	Amount
						7062	

By signing below, I confirm that I have read and agree to comply with [UMB Policy VIII-99.00 \(B\)](#) and the accompanying [Administration & Finance Procedure](#) and I acknowledge the Principal Investigator is required to verify, sign, and date the log of all study participant payments. I also acknowledge the Principal Investigator and the Administrator (or designee) are required to verify, sign, and date the reconciliation of the gift cards received, disbursed, and remaining for this request.

Principal Investigator Signature		Principal Investigator Name (Please print/type)	
Date			

Department Administrator (or Designee) Signature		Department Administrator or (Designee) Name (Please print/type)	
Date		Title	

The University of Maryland, Baltimore is compliant with the regulations and conditions set forth in the Health Insurance Portability and Availability Act of 1996 (HIPAA).

<p>Gift Card Exchange website:</p> <p>https://afcf.umaryland.edu/gcExchange/</p> <p>Page (1) of your Documentation to upload.</p>	<p>Questions may be sent to:</p> <p>FS-WF-Giftcards@umaryland.edu</p> <p>If you need to speak with someone, call Damon West at 410-706-1485 or Kenyatta Woolridge at 410-706-2155.</p>
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