

# Request for Purchase - Gift Cards

Research Study Participates only

Submitted by:

Date:

Procurement Cardholder Name:

Principal Investigator Name: Phone: Email:\_\_

Project Name:

Chartfield: OPER UNIT FUND GL ACCOUNT DEPT ID PRODUCT ID INITIATIVE PROJECT ID

For more information refer to CCHIP 017

Budget Begin Date:

Budget End Date:

PRO/IRB#:

Approval Date:

Expiration Date:

Dollar amount to be spent on gift cards

*I certify that the above project information is correct*

Print Name of Principal Investigator or Co-Investigator

Signature of Principal Investigator or Co-Investigator

Date

Contact for Payment Requests:

Phone:

Email:

USF Research & Innovation Approval

Date:

This request will not be processed without the following documentation:

- Grant Budget Release Form (GBR)
- IRB approval letter and compensation page from protocol

First, submit form to USF Research & Innovation for approval: [mcott@usf.edu](mailto:mcott@usf.edu)

Then, return completed form with Research signature approval and attachments to: [PCard@USF.edu](mailto:PCard@USF.edu)