

Guidelines for Completing the Study Participant Payment Gift Card Request Form

1. Requestor name (person that logged into the Gift Card System (GCS))
2. Email address of requestor
3. Alternate requestor name (must choose a different person)
4. Alternate requestor email address
5. Description - List card type (e.g. Visa, Target) and quantity (number per card type)
6. Department name
7. Protocol/IRB# - supporting paperwork must reflect the same Protocol/IRB number
8. Phone number to reach requestor
9. Date request is submitted to GCS
10. The full typed chart-string that is entered in GCS
11. Amount/total from GCS (include fees if applicable)
12. Principal Investigator (PI) signature - supporting paperwork must reflect the same name
13. Print the name of the PI
14. Date all forms that require a signature
15. Department Head signature (SEE Signatory Authority Forms in your dept. for a list of approved signers)
16. Print the name of the Dept. Head who signed the form
17. Date all forms that require a signature
18. The title of the Dept. Head

*** Copies or electronic signatures are not allowed.

Study Participant Payments Working Fund Request Form Instructions

The Study Participant Payments Working Fund Request Form (SPPWFR) is used to request a Working Fund check for study participant payments. The check can be made payable directly to the study participant or when study participants are paid in cash or gift cards, the check can be made payable to a designated person from the department.

Step 1: Complete all fields on the SPPWFR.

All fields are required except for the Social Security Number (S5#) and address fields. 55# and address are required for individual check payments of \$100 or more.

Step 2: To avoid processing delays:

- **Include the following Attachments:**

	Research Consent Form (including the study number)
	Payment Information Page from the grant/award showing allowable payment information
	Any supplemental information needed to substantiate payment and amount - e.g. mileage payments
	RAVEN printout showing the activity in the project account 4862

- **Required Approvals:**

	The Principal Investigator (PI) and the Department Administrator (or Designee) signatures are required and must be two different people.
	Clearly print/type the names of the PI and the Department Administrator (or Designee) in the appropriate fields and include the date.
	Ensure signatory authority is on file for the Department Administrator (or Designee) signing the form.

Step 3: Review all documentation, place the SPPWFR on top of the paperwork, and submit to the address on the form.

Step 4: Refer to Financial Services Standard Operating Procedure No. 3706, Section II - Sources of Compensation for additional information.

Email questions to FS-Workingfund@umaryland.edu

If you need to speak with someone, call Kenyatta Woolridge at 410-706-2155.

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

Requestor Name:	1	E-mail:	2
Alt. Requestor Name:	3	E-mail:	4

Memo/Description (List card type and quantity)	5		
Requesting Dept, ID & Dept, Name:	6	Protocol/IRB #	7
Phone:	8	Date:	9

Account	Project ID	Fund	PCBU	Owner Department	Transaction Department	Program	Amount
4862							11

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By signing below, I confirm that I have read and agree to comply with UMB Policy VIII-99.00 (B) and Administration & Finance Procedure #3706 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.

12	13
Principal Investigator Signature	Principal Investigator Name (Please print/type)
Date 14	
15	16
Department Administrator (or Designee) Signature (Signatory Authority Form must be on file In Financial Services)	Department Administrator or (Designee) Name (Please print/type)
Date 17	Title 18
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).	
Gift Card System website: https://afcf.umaryland.edu/gcExchange/ Page (1) of your Documentation to upload.	Questions may be sent to: FS-WF-Giftcards@umaryland.edu If you need to speak with someone, call Kenyatta Woolridge at 410-706-2155 or Maureen Clifton at 410-706-2931,