

Emory Department of Pediatrics Gift Card Replenishment Request Form

Principle Investigator:

Study Title:

IRB number:

Smartkey:

Project #:

Department #:

Award ID:

Type of Gift Card:

Form:

Plastic

Electronic

Denomination:

Quantity:

Comments:

Certification:

I hereby certify that the information presented herein is correct and in line with Emory University policies including the Department of Pediatrics policies and guidelines. I have reconciled the remaining gift card inventory and accounted for all of the gift cards previously given to study participants in conjunction with this study. All supporting documents, including receipts/logs are genuine and originals will be maintained in accordance with Emory University's Payments to Human Research Study Participants policy and the Department of Pediatrics guidelines.

I understand that failure to follow the Payments to Human Research Study Participants policy and/or improper or fraudulent use of this fund may result in disciplinary action up to and including termination of employment.

Custodian making request:

Email:

Signature

Date:
