# **PrePaid Card Set-Up Form**

## *The following* ***two*** *pages* ***must*** *be completed and submitted.*

## *Department Information*

Department: Exercise & Sport Science

Study Administrator Name: Kelly Hair

Phone Number: 919-962-0017 E-mail: Kelly\_hair@unc.edu

Address: 209 Fetzer Hall, CB#8700, 210 South Rd, Chapel Hill, NC 27599

Address where cards will be shipped (if different from above; “various” if sent directly to participants): Click or tap here to enter text.

Study: Project ID: Click or tap here to enter text.

Sponsor: Click or tap here to enter text. Principle Investigator: Click or tap here to enter text.

Department Manager/Disbursing Authority Signature: Kelly Hair

## *Accounting Information: Please provide an OSR Chartfield String. For other funding sources please give us the Department Default Chartfield String.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Chartfield String | **Fund** | **Source** | **Account** | **Department** | **Project ID** |
| Click or tap here to enter text. | Click or tap here to enter text. |  | Click or tap here to enter text. | Click or tap here to enter text. |
| **Business Unit** | **Activity** | **Cost Code 1** | **Cost Code 2** | **Cost Code 3** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

What is the maximum dollar limit per card: Click or tap here to enter text.

How many cards/participants will there be for each study:

Will you replenish the cards? Yes [ ]  No [x]

What is the maximum amount you are requesting to access with this action ($ per card X # of cards X number of times loaded, including first load): $

*Justification and Purpose: Please provide the following information regarding the use and support of prepaid cards requested.*

Purpose of prepaid cards:

Supporting Documents: (attach IRB)

Settlement documentation (what documentation will be provided for support when the prepaid cards are reconciled):

We will have the participant sign a receipt

Describe physical safeguards of cards yet to be distributed (how empty cards are handled and how loaded cards are handled): Gift cards will be kept in a locked cabinet in a locked office and not loaded with money until they are ready to be disbursed.

Other Relevant Information for Accounting Services Click or tap here to enter text.



**307.1.2PP – Prepaid Card Agreement**

I understand that the $ prepaid card advance made to me by the University of North Carolina at Chapel Hill is a loan and that I am personally responsible for all moneys advanced to me.

I agree to provide appropriate documentation for prepaid cards distributed within a calendar month by the 15th day (or next business day) of the following month.

In the event I fail to settle the amount of this advance, I hereby agree that the University may notify Payroll Services to deduct the amount from my next salary check following the date the receipts were due to Accounting Services. I hereby subscribe by my own hand acknowledge that I have read this agreement carefully and agree to its terms and conditions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator Signature Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office of Sponsored Research Signature Date

 This form should be submitted with a prepaid card request.

307.1.2fPP – Prepaid Card Agreement Revised 8/18