

P-Card Approval Request for Study Subject Incentives

Please complete this form and send to SponsoredPrograms@unc.edu for review. Please complete the form sections in order as they appear on form and answer all fields in a section before moving on to the next.

If approved, OSP will send the signed form back to the requester to work with their department's InfoPorte [Access Request Coordinator](#) (ARC) for submission of a new P-Card request or change request to an existing card. For more information see the [Guidance on Study Subject Payments](#).

Department Information

Account Holder: John Doe Account Holder Email: johndoe@unc.edu
 Department ID: 621100 Principal Investigator: Jane Doe

Do you currently have a Purchasing Card for Use on Sponsored Programs? Yes No

Please make sure that you complete the Finance [P-Card Application form](#) and that you have completed the [P-Card training](#).

Chartfield String for Advance

Fund	Source	Account	Dept. ID	Project ID
25210	49000	559540	621100	3102345
PC Business Unit	Activity	Amount	Cost Code 1	Cost Code 2
CHOSR	1	100		

Quantity	Amount Per Card	Total
5	\$10.00	\$50.00
2	\$25.00	\$50.00
Total Requested:		\$100.00

Project ID	Account Code	Current Budget	Budget Change	Revised Budget
3102345	Ledger 3, 4, or 6 - Budget Not Yet Loaded	\$0.00	\$0.00	\$0.00
	559540 - P-Card Advance	\$0.00	\$0.00	\$0.00
Total Change			\$0.00	(must equal zero)

Justification & Purpose

I certify that any gift cards purchased with this P-Card will only be used for the purpose of study subject incentives for a sponsored project.

Describe physical safeguard of undistributed cards:

Pay for study participants for study xyz.

Agreement

I, the Principal Investigator, Jane Doe understand that the \$100 is an advance of University funds made to the department to make payments for purposes authorized by University policies. I understand that my department and I are responsible for reconciliation of expenses in the University financial systems. Initial reconciliation for P-Card purchases posting on or before the 15th of a calendar month must be completed in Bank of America Works by the **20th of that month**. In addition, we agree to provide appropriate documentation with reconciliations of participant payments distributed within a calendar month by the **15th (or next business day) of the**

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following month. We will follow all applicable requirements outlined in the Office of Sponsored Programs' Operating Standard 500.23 - Purchasing Cards.

In the event of the misuse of funds or spending above the advance amount, or untimely reconciliations, [Accounting Services](#) is authorized to seek funds from the department to replenish University funds and may report the department to the [Office of Internal Audit](#). I acknowledge that any suspected fraudulent activity will be sent to the [Office of Internal Audit](#) and [UNC Police](#). I have read this agreement carefully and agree to its terms and conditions.

Non-Sponsored Chartfield String for Unreconciled Expense

Provide non-sponsored departmental chartfield string to place advance on if not expensed and/or reconciled per guidelines.

Fund	Source	Account	Dept. ID
28512	46000		621100
Program Code	Cost Code 1	Cost Code 2	Cost Code 3

Signatures

This completed and signed form must be sent to SponsoredPrograms@unc.edu.

Principal Investigator: Jane Doe

Signature: Jane Doe Digitally signed by Jane Doe
Date: 2023.07.27 15:28:54 -04'00'

Date: _____

Department Contact: John Doe

Signature: John Doe Digitally signed by John Doe
Date: 2023.07.27 15:29:06 -04'00'

Date: _____

Dept. Finance Lead/Chair: Janette Doe

Signature: Janette Doe Digitally signed by Janette Doe
Date: 2023.07.27 15:29:25 -04'00'

Date: _____

Central Office Use Only

Approved Denied

Authorized Central Office Signature: _____ RT ID: _____ Date: _____

Notes: