University of Massachusetts, Amherst US Bank Declining Balance Card Application for Human Subject Participant Gift Cards Forward this application along with the Certification of IRB approval letter to

advancesandgifts@admin.umass.edu

This application for the US Bank Declining Balance card can be requested for the purpose of distributing gift cards to human subject participants (limit is \$100 per person per study). A US Bank Declining Balance card is a pre-loaded

credit card which is automatically reconciled to exhausted or the card expires. University Institution of the separately for each study/protocol. Allow	o one G/L account. The card remains ac utional Review Board (IRB) approval is	tive until the funds are	
Please describe the reason that you are applyi	ing for a US Bank Declining Card (Inclu	de Protocol Title and ID):	
Cardholder Information			
Legal Name (Last, First):			
Employee ID:	Phone Number:		
University Department and Campus Address Department:	SS		
Street Address:			
City:	State:	Zip:	
Please note: you will be able to request the ca is completed.	rd be mailed to your home address wh	en the cardholder agreement	
Card Limit Request: \$			
Card Limit Request: \$			
Default Chartstring for Card Charges. All card of	 charges will post to this speed type and	account. Reallocation is NOT	
available. File a separate application if you have	ve a business need to purchase gift card	ds on a speed type and account	
other than the one listed below.			
Speed Type:	Fund:		
DeptID:	Program:		
Class:	Project/Grant:		
Account: <u>742000</u>			
**defaulted account for human subject payme	nts		
Return / End Date:			

**Cannot exceed the expiration date of the protocol approved by IRB (if applicable). Cannot exceed one year from the requested date.

Cardholder Acknowledgement I acknowledge that this bank card is only to be used for the intended purpose /study as described above. Each card will be differentiated from the US Bank One Card with an embossed line GCSpeedType. Proper safeguarding of the card and card number is required at all times. The bank card cycle starts on the 16th of the month and ends on the 15th of the following month. I must submit the appropriate documentation as described below along with the card statement in Buyways within 30 days of the statement end date. Issuances of gift cards should be documented in a log (spreadsheet), or by individually collected receipts which include the date of issuance, purpose, card amount, and signature of recipient. When signatures cannot be obtained, other proof of distribution such as an email can be provided. For confidential studies, rather than uploading documentation as described above in Buyways, I can provide a memo which states this is a confidential study, all receipts/documentation (as required) will be kept in a secure location at the" department rather than being uploaded in Buyways. I understand that the receipts may be required for audit and they will be available upon request." The memo must be signed by the PI and Department Head. I understand that I should only purchase gift cards as needed and I am required to upload required documentation showing proof of distribution within a month of the statement end date. If I do not submit my documentation in Buyways or use this card for the intended purpose, the privilege to use my card may be suspended or revoked and I may be required to pay back the University for the amount of the gift cards purchased for which I cannot provide required documentation. This card will expire at the return/end date listed above. I must apply for another US Bank Declining card after this card expires, no extensions will be provided. If I want to cancel/close the card, I must request this to the UMass Bank Card Team to upst@umassp.edu and provide the reason for closure. If I lose my card, I must immediately notify US Bank who will close and reissue a new card. US Bank can be reached at 800-344-5696. Supervisor Acknowledgement: By approving the issuance of this US Bank Declining Balance card to the designated

cardholder, as Supervisor/Manager, I agree to be responsible for charges made by the cardholder.			
Cardholder Signature	Date		
Cardholder Supervisor Signature	Date		
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Principal Investigator (If on Sponsored Projects)			
Fillicipal lilvestigator (il oli sporisored Projects)	Date		
Controller's Office Signature	Date		