

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 one G/L account. The card remains active until the funds are exhausted or the card expires. University Institutional Review Board (IRB) approval is required. An Application must be filed separately for each study/protocol. **Allow 2 weeks for processing and mailing.**

Please describe the reason that you are applying for a US Bank Declining Card (Include Protocol Title and ID):

Cardholder Information

Legal Name (Last, First): _____
Employee ID: _____ Phone Number: _____
Email: _____

University Department and Campus Address

Department: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Please note: you will be able to request the card be mailed to your home address when the cardholder agreement is completed.

Card Limit Request: \$ _____

Default Chartstring for Card Charges. All card charges will post to this speed type and account. Reallocation is NOT available. File a separate application if you have a business need to purchase gift cards on a speed type and account other than the one listed below.

Speed Type: _____ Fund: _____
DeptID: _____ Program: _____
Class: _____ Project/Grant: _____

Account: 742000

**defaulted account for human subject payments

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

Principal Investigator (If on Sponsored Projects)

Date

Controller's Office Signature

Date

For Controller's Office Signature email completed form to: advancesandgifts@admin.umass.edu