

Gift Card Tracking Sheet

No: _____

PI Name: _____ Speedtype: _____ DV Date or PO #: _____

RECIPIENT INFORMATION

INFORMATION IS KEPT CONFIDENTIAL AND SEPERATE FROM THE STUDY.

1. **Name:** _____
Last First MI

2. **Email:** _____
and/or

3. **Phone:** _____

4. By signing below, I acknowledge that I have received _____ Gift Card #: _____
Store name

in the amount of: \$ _____

Signature

Date

PROVIDER INFORMATION

The Gift Card listed above was handed out by:

1. Name: _____

2. Signature: _____ Date: _____

**Please Note: Failure to return this Gift Card Tracking Sheet
will require funds/gift card equivalent being returned to
UMass by the PI.**

Please Do Not Write Below This Line. For SPHHS BCTR Use Only.

Date to A/P: _____

Initials: _____