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### 307.2.1f Prepaid Card Set-up Form

Use this form to request prepaid cards for study subject/participant payments. Submit this form to the prepaid card office at prepaidcards@unc.edu, who will route to the [Office of Sponsored Programs](#). Both pages must be completed.

**Department Information:**

Department:  Department Admin:

Admin Email:  Admin Phone:

Address for Cards:

Disbursing Authority Signature:  To insert your signature, click on the "Fill & Sign" tool at the right, select "Sign Yourself" element that opens up at the top center of the page. Drag & drop the signature.

Study Name:

Sponsor:  Project ID:

Principle Investigator:

**Chartfield String for the Advance:** *Provide an OSP CFS. For other funding sources please provide a departmental trust fund.*

Chartfield String	Fund	Source	Account	Department ID	Project ID
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Business Unit	Activity	Cost Code 1	Cost Code 2	Cost Code 3
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Chartfield String for the Expense if Not Reconciled According to Policy:** *Please provide a departmental trust fund.*

Chartfield String	Fund	Source	Account	Department ID	Project ID
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Business Unit	Activity	Cost Code 1	Cost Code 2	Cost Code 3
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What is the maximum dollar limit per card?  Will you replenish the cards?  Yes  No

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

Maximum amount being requested?

**Justification and Purpose:**

Purpose of Prepaid Cards:

Describe physical safeguard of undistributed cards (including non-loaded ones):

Other relevant information for Acct. Services:

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## Prepaid Card Agreement

This completed agreement must be submitted with the Prepaid Card Set Up Form.

I  understand that the \$  is an advance of university funds made to the department to make payments for purposes authorized by university policies. 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. Appropriate documentation includes a card activity report from the Prepaid Administration Tool and form 307.2.3f, Reconciliation of Prepaid Cards for Study Subjects. The department is responsible for the reconciliation of prepaid card loads.

In the event of the misuse of funds or spending above the advance amount, Accounting Services is authorized to use funds from the default expense account provided above to replenish University funds. 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.

Employee:	<input type="text"/>	Date:	<input type="text"/>
Principle Investigator:	<input type="text"/>	Date:	<input type="text"/>
Office of Sponsored Programs:	<input type="text"/>	Date:	<input type="text"/>