THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

GC __ __ __ __ __ (5 digits)

307.2.4f - Reconciliation of Prepaid Cards for Study Subjects

ONE GC FORM PER JOURNAL

Prepaid Advance Journal ID: _____ **Reconciling Journal ID:** _____
Business Unit: _____ **Fund:** _____ **Source:** _____
Account: _____ **Dept. ID:** _____ **OSR Project ID:** _____
Contact: _____ **Phone:** _____
CB#:_____ **Email address:** _____

Distribution of Cards:

Approval	Chartfield String to be Charged

1. Date: _____ Receipt #(if applicable): _____   Business Unit: _____ Fund: _____ Source: _____
   Paid to Participant #:_____   Account: _____ Dept. ID: _____ OSR Project ID: _____
   Amount: _____

2. Date: _____ Receipt #(if applicable): _____   Business Unit: _____ Fund: _____ Source: _____
   Paid to Participant #:_____   Account: _____ Dept. ID: _____ OSR Project ID: _____
   Amount: _____

3. Date: _____ Receipt #(if applicable): _____   Business Unit: _____ Fund: _____ Source: _____
   Paid to Participant #:_____   Account: _____ Dept. ID: _____ OSR Project ID: _____
   Amount: _____

4. Date: _____ Receipt #(if applicable): _____   Business Unit: _____ Fund: _____ Source: _____
   Paid to Participant #:_____   Account: _____ Dept. ID: _____ OSR Project ID: _____
   Amount: _____

5. Date: _____ Receipt #(if applicable): _____   Business Unit: _____ Fund: _____ Source: _____
   Paid to Participant #:_____   Account: _____ Dept. ID: _____ OSR Project ID: _____
   Amount: _____

6. Date: _____ Receipt #(if applicable): _____   Business Unit: _____ Fund: _____ Source: _____
   Paid to Participant #:_____   Account: _____ Dept. ID: _____ OSR Project ID: _____
   Amount: _____

7. Date: _____ Receipt #(if applicable): _____   Business Unit: _____ Fund: _____ Source: _____
   Paid to Participant #:_____   Account: _____ Dept. ID: _____ OSR Project ID: _____
   Amount: _____

8. Date: _____ Receipt #(if applicable): _____   Business Unit: _____ Fund: _____ Source: _____
   Paid to Participant #:_____   Account: _____ Dept. ID: _____ OSR Project ID: _____
   Amount: _____

Total $:_____

307.1.4PP - Reconciliation of Prepaid Cards for Study Subjects Revised XX/XX/XX

Summary for Journal Input

Approval   **Chartfield String to be Charged**

1. *Debit*   Date:_____ Initial:_____ | Business Unit: _____ Fund: _____ Source: _____
                                             | Account: _____ Dept. ID: _____ OSR Project ID: _____

    Credit Date:_____ Initial:_____ | Business Unit: _____ Fund: _____ Source: _____
                                             | Account: _____ Dept. ID: _____ OSR Project ID: _____

2. *Debit*   Date:_____ Initial:_____ | Business Unit: _____ Fund: _____ Source: _____
                                             | Account: _____ Dept. ID: _____ OSR Project ID: _____

    Credit Date:_____ Initial:_____ | Business Unit: _____ Fund: _____ Source: _____
                                             | Account: _____ Dept. ID: _____ OSR Project ID: _____

3. *Debit*   Date:_____ Initial:_____ | Business Unit: _____ Fund: _____ Source: _____
                                             | Account: _____ Dept. ID: _____ OSR Project ID: _____

    Credit Date:_____ Initial:_____ | Business Unit: _____ Fund: _____ Source: _____
                                             | Account: _____ Dept. ID: _____ OSR Project ID: _____

4. *Debit*   Date:_____ Initial:_____ | Business Unit: _____ Fund: _____ Source: _____
                                             | Account: _____ Dept. ID: _____ OSR Project ID: _____

    Credit Date:_____ Initial:_____ | Business Unit: _____ Fund: _____ Source: _____
                                             | Account: _____ Dept. ID: _____ OSR Project ID: _____

Complete study subject documentation is maintained in the department (Social Security # and complete home address, if required). See How to Brochure – Payments to Individuals for more information.

"The payments listed on this reconciliation form were given for the purpose stated and conditions of the agreement."

_____   _____
Principal Investigator   Date   **Project/Study Coordinator   Date**