

COLLEGE OF MEDICINE
VISA CARD/PETTY CASH REQUEST AUTHORIZATION

Explain the purpose for the incentives indicating the amount to be distributed per occurrence:

Mark (X) requested form of incentive and complete required fields:

____ Visa Cards Total # Requested ____ Denomination \$ ____ Total Value of Request \$ ____
____ Petty Cash: Total Value of Request \$ ____

Is this research related? Yes ____ No ____ If yes, what is the IRB number? _____

If grant related, attach a copy of the budget and narrative as it

Note: there should be no less than 2 individuals signing off on the distribution of incentives.

W CE • š } % % CE } À] • š CE W μ š } } v } (

^] P v š μ CE • í W ^] P v š μ CE • í W

^] P v š } (CE CE] v / y % • š] P š } CE W

Date:

Route to COM Business Office À] u] o W K D K › • } μ š Z o u X μ

% % CE } (À WessiM.ua 0 10 9