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| --- | --- |
| Requires 2 business days to process from approval.**2 p.m. CUTOFF**  | **This selection mails MasterCard gift cards directly to subjects** |
| **HSIP Form Completion Instructions per Payment Type** | **Principal Investigator:** | Enter the PI’s uniqname. The PI you enter here must match the PI listed in the eResearch system for this study. You may change the value in the phone number field if it’s incorrect. |
| **Approver:** | Enter the approver’s uniqname. You may also want to enter alternate approvers as well. |
| **Study Information:** | Enter the HUM Number. The **IRB Status, HUM Title, Approval Date, Expiration Date**, and **Tier** fields should auto-populate based on the information associated with the **HUM Number** in the eResearch system.  |
| **Custodian:** | Although the custodian will not take custody of the cards, please enter the uniqname of the most appropriate contact person for the request, should the HSIP office have questions. |
| **Distribute to:**  | Subject |
| **Total Incentive Amount:** | This is the total amount you plan to spend on all subjects in this request. The number of cards times the card values. |
| **Max. Amt per Subject:** | This amount is the maximum amount one subject could earn in a calendar year. (Cannot be changed on form) |
| **Distribution Date:** | This is the date HSIP will request that our vendor produce the cards. |
| **Payment Type:** | Card |
| **Card Type:** | Visa |
| **Payment Type Details:** | This is the number of cards you are requesting and the card amount. Add rows if necessary, to request various card amounts. |
| **Delivery Type:** | Mail  |
| **Accounting Details:** | Account Type – IncentiveEnter the shortcode to be charged |
| **Additional Instructions** | Enter subject details on the Card Information Template, andattach the card template to the actual HSIP request form by clicking on “Add Attachment”.  |
| **Reconciliation Documentation Forms Required** | Documentation Requirement Fulfilled with the Card Information Template |