

Gift Card/Cash Prior Approval Form

1. Principal Investigator Name:
2. Approved IRB Protocol #
3. Please explain how gift card (or cash) payments are a necessary component of your research and required to conduct a valid study. Please note that incentives for participation is not sufficient justification:
4. If approved, I confirm that:
 - a. I will follow the ORSP gift card policy
 - b. I will not provide a gift card/cash to an ACU employee, student employee, or intern or someone who has held such roles in the last calendar year.
 - c. I will not provide a gift card/cash to a known non-resident alien or to study populations in which such individuals are highly likely to be participants.
 - d. I will ensure that each participant who receives a gift card/cash completes the participant certification form
 - e. I will securely store these records for 7 years beyond the current fiscal year and provide them upon request to the ACU Finance or ORSP Offices as required for auditing purposes.

Principal Investigator Signature: _____ Date: _____

For ORSP Use Only

Request ☐ Approved ☐ Denied

If Denied, reason for denial:

ORSP Director Signature: _____ Date: _____