



University of California  
San Diego

**VISA RESEARCH PARTICIPANT GIFT CARDS**

CERTIFICATION OF PAYMENT  
TO  
HUMAN SUBJECTS

IRB# \_\_\_\_\_

Index Number **AND** Fund to be Charged \_\_\_\_\_

Department Name \_\_\_\_\_

This is to certify that I provided **gift cards**

to \_\_\_\_\_ informants or \_\_\_\_\_ human subjects;  
(Number) (Number)

cumulative total \$ \_\_\_\_\_;  
(Number)

during the period \_\_\_\_\_ to \_\_\_\_\_;  
(Date) (Date)

Location: \_\_\_\_\_

Name of Study \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHECK THE APPROPRIATE STATEMENT:

A listing is attached of all persons who received payment for services.

All payments were in accordance with local standards or customs for type of demand placed on such individuals. The success of the research effort was dependent upon the individuals remaining anonymous.

\_\_\_\_\_  
Principal Investigator Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

RETENTION:

-Record Copy: 5 years subject to

Contract & Grant requirements

-Other Copies: 0-5 yrs

Reference: PPM 350-10; UCSD Policy & Procedure Manual; Financial  
Administration-Disbursements