CERTIFICATION OF SCRIP PAYMENTS
FORM MUST BE SUBMITTED QUARTERLY

DATE: _____ INDEX: _____

PRINCIPAL INVESTIGATOR: _____ DEPARTMENT: _____

The purpose of this quarterly form is to certify that I have authorized issuance of the following scrip:

Please input each sequential series of Scrip issues in separate rows. If you only have one scrip to report, put that same scrip number in both the Beginning and Ending Serial # column of the same row.

Beginning Serial #	Ending Serial #	Total # of Scrip	Scrip Face Value	Certified Series Total
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
	Total # of Scrip:	0	**Total Amount:**	$0.00

Please check the appropriate box below:

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

☐ **Non-Confidential Study** A log sheet with scrip numbers and participants signature or initials is attached.

Principal Investigator's Signature: _____

Date: _____

Retention:
Record copy: 5 years, subject to Contract & Grant requirements
Other copies: 0 - 5 years
Reference: PPM350 - 10, UCSD Policy & Procedures Manual: Financial Administration - Disbursements

Please complete the form, print and obtain the required signature and date.

Mail signed form to: Disbursements Scrip Coordinator at Mail Code 0955 OR Fax to 534 4621

Form Revision Date: 2/27/2012