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(Complete top portion prior to ClinCard Pickup)

Department:

Principal Investigator:

Study Name:

IRB Number:

Account Number:  
(UC FLEX SAP Grant No.)

Form Completed by:

Number of Cards Relinquished:

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(Complete bottom portion at ClinCard Pickup)

### **Acknowledgement of Relinquishment of Greenphire ClinCards:**

This is to acknowledge receipt of \_\_\_\_\_ UC ClinCards for the above-mentioned study.  
(Number of cards received)

\_\_\_\_\_  
Returned by (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
Witness (SRS AD Staff Member)

*SRS Accounting Division Use Only:*

Recovery of Cost FB50 Document No.: \_\_\_\_\_ Processing Date: \_\_\_\_\_

For the month of: \_\_\_\_\_

Number of Cards: \_\_\_\_\_ Cost Per Card: \$ \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Number of Cards: \_\_\_\_\_ Cost Per Card: \$ \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_