UNIVERSITY OF Cincinnati

Sponsored Research Services
Accounting Division
Greenphire ClinCard Request

Complete top portion prior to ClinCard Pickup)

Who is picking cards up from SRS Accounting: Dept. (option 1)   Nate Harris (option 2-COM)

Department:

Principal Investigator:

Study Name:

IRB Number:

Account Number:
(UC FLEX SAP Grant No.)

Form Completed by:

Number of Cards Requested:

(Complete bottom portion at ClinCard Pickup)

Acknowledgement of Receipt of Greenphire ClinCards:

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

_____   _____
Received 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:* $_____

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