
(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 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: \$ _____

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