

Study Participant Account Reconciliation

Activity #:

PI:

Project #:

Date

Dollar amount of cards purchased/Petty Cash received

Total value of gift cards issued/cash paid

Balance

Value of gift cards/cash on hand

Variance

I certify that this form has been accurately completed. If applicable, variances are resolved immediately and the project has been reimbursed for any remaining gift cards or funds per the Participant Support policy.

Principal Investigator

Date

Project Manager

Date

Upon completion of this form, please mail to: Research Finance, GOB1, mail code 30-69.

Thank you