

COLLEGE OF MEDICINE
VISA CARD / PETTY CASH REQUEST Pre-AUTHORIZATION

Fully explain the purpose for the incentives indicating the amount to be distributed per occurrence:

Mark (X) requested form of incentive and complete required fields:

____ Visa Cards: Total # Requested ____ Denomination \$ ____ Total Value of Request \$ ____

____ Petty Cash: Total Value of Request \$ ____

Is this research related? Yes ____ No ____ If yes, what is the IRB number? ____

If grant related, attach a copy of the budget and narrative as it relates to the incentive.

Banner FOAP to be charged: ____ - ____ - ____ - ____

Fully explain your process for securing/locking up the cards/petty cash to include a list of individuals who have access, are responsible for acting as custodian, and those responsible for distribution/logging of the incentives:

Note: there should be no less than 2 individuals signing off on the distribution of incentives.

Persons to approve distribution of cards:

Signature #1:

Signature #2:

Signature of Principle Investigator:

Date:

Route to COM Business Office via email: COMBO@southalabama.edu

Approval of: Associate Dean, COM Finance & Administration:

Date: