 **RESEARCH PARTICIPANT TRAVEL CARD REQUEST FORM**

**This card is to be used strictly for the purpose of purchasing gift cards as payment to research study participants and cannot be used for any other purpose.**

**Instructions:** This form, along with all pertinent supporting documents must be scanned and sent electronically to the Disbursements Office at disbursements@miami.edu.

Upon Disbursements approval, the form will be forwarded to Corporate Card Office at travelcard.ap@miami.edu. The Corporate Cards office will send the cardholder the US bank link to apply for Travel Card.

**A. PLEASE COMPLETE BELOW:**

Card Holder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Holder Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dept. Name & Campus:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workday Worktag Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated monthly amount needed: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Purpose/Justification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. CERTIFICATION:**

1. I agree to maintain this card in accordance with the University of Miami Policies and Procedures. I have received and read a copy of the current applicable Policies and Procedures: https://umiami.policystat.com/policy/6580262/latest/

2. I authorize the University of Miami to deduct from any monies due to me from the University the amount of my unreconciled charges without further notice in order to affect its return to the University, in the event of any of the following:

a. My failure to reconcile the card in accordance with the University’s Policies and/or Procedures as amended.

b. My purchase of any unauthorized charges.

3. At the time of closing, any undistributed gift cards purchased using the Participant card will be considered personal and the monetary equivalent must be deposited back to the University of Miami.

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Print #1: Card Holder Name Employee ID # Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature #1: Card Holder Name

**C. SIGNATURE SECTION:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature #2: Cost Center Manager Signature and ID# Work-tag (Non-GR) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature #3: Senior Business Manager and ID # Work-tag (Non-GR) Date

(If #1 & #2 is the same person)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disbursements office Signature Date

**INSTRUCTIONS FOR RESEARCH PARTICIPANT TRAVEL CARD EXPENSE REPORT RECONCILIATION**

**Note: The instructions below are specific to the reconciliation of the Research Participant Travel Card for expenses related to gift card purchases.**

**For general information about how to complete an expense report, please complete the U-Learn Expenses training found at:**

<https://umiami.csod.com/ui/lms-learning-details/app/curriculum/6c6fb448-5ed1-4259-83f9-3a6b37c4a995>

**INSTRUCTIONS SPECIFIC TO RESEARCH PARTICIPANT TRAVEL CARD:**

* Expenses must be submitted via the Expense Report Business Process in Workday.
* Expenses must be reconciled under one of the spend categories related research participants
* Expenses must be reconciled using the departmental worktag
* Attachments must include, but not limited, to the following:
1. Original receipts (bank statements alone are not sufficient supporting documentation)
2. Research Participant Excel Spreadsheet (required for confidential/nonconfidential studies)– can be found on the Controller’s Office website at:

 <https://controller.miami.edu/web-new-01-departments/accounts-payable/other-non-po-type-payments/index.html>

1. IRS W9 form exemption Approval from the Controller’s Office: For studies that are confidential, please obtain **prior** approval from the Controller’s Office for tax information waiver. For more information, please visit the aforementioned website.

**Undistributed Gift Cards:**

If at the time of reconciling expenses, cardholder has undistributed gift cards; the monetary value must be returned by making a deposit, issued in the University’s name, in Cashier’s Office. Please fill out the Cashier’s Transmittal Form with the following information:

* Description:  Research Participant T-Card Repayment from (cardholder’s name)
* Revenue/Spend Category Ledger Account: SCxxxxx, GL2001 (since this is a repayment of an expense, please use the appropriate spend category; **not a revenue category**)
* Driver Worktag:  Department’s account number
* Amount: $xxxxx (this is the monetary value of the undistributed gift cards)

**Note:** Above must be done **prior** to preparing expense report

Copy of transmittal receipt must be additional supporting documentation to be attached to expense report, as proof of deposit