

**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:*** \_\_\_\_\_