



VISA REQUEST FORM & AFFIDAVIT

I, (3 , Printed name) _____ (NSHE#) _____, have read and understand W K H 3 Incentives for Human Research Subjects Policy and Procedures and understand my responsibilities.

I understand that, should I fail to account for the funds and VISAs that I receive in accordance with these procedures* the cost of the VISAs and unaccounted funds will be deducted from my next Payroll check, or added as W-2 reportable wages for me (Department Dean approval), and I will be taxed accordingly.

FEEES

Per VISA Card	\$1.50 / card
Per Card Load	\$0.80 / transaction
Per Bank Deposit or Per Check	\$2.00 / transaction

*Card fees will be charged at the time cards are issued. Load fees will be charged with participant payment transactions. Unused cards can be returned to the Office of Research Integrity-Human subjects (FDH 320) for a refund of the \$1.50 card fees.

PROTOCOL NUMBER				
PROJECT TITLE:				
TOTAL ENROLLMENT GOAL (as approved by IRB submission):				
AMOUNT & PAYMENT SCHEDULE PER PARTICIPANT:				
NUMBER OF VISAs ISSUED: (Initial: not more than 50% of total enrollment goal, additional requests: not more than total enrollment)				
DEPARTMENT:				
3 , TELEPHONE #:				
3 , EMAIL:				
WORKTAG:	Unit	Cost Center	Program ± Project± Grant± Gift	Percentage
	Account 1			
	Account 2			

PI Signature: _____ Date: _____

Name of Designated Individual Picking up VISA: _____

Name(s) of Forte/Advarra System User(s): _____

FOR OFFICE USE ONLY

Please email form to tbscomp@unlv.edu

Date Received: _____

, 5 % 5 H Y L H Z H U 1 V 6 L J Q D W X U H _____

% X V L Q H V V 0 D Q D J H U 1 V 6 L J Q D W X U H B Amount Approved for: _____