# Prepaid Debit Card (PPDC) Study Form

This form is required, to set up an approved study or program in the ClinCard portal, to pay individuals using a reloadable prepaid debit card. Once the study/program is set up in the portal, subjects can be added by the site coordinators. For those resulting in $600 or more in qualifying payments to a participant in a calendar year, a W9 & SS # will be required to comply with IRS reporting requirements. Research / clinical studies must have prior IRB approval to use this form of payment.

**Instructions:** Complete the form and attach to your requisition.

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| --- | --- | --- | --- |
| **Study/Program Name:** | | **IRB # (if applicable)**: | |
| **Select Mileage Reimbursement Rate:**  Business Rate:Medical Rate:  Other: | | | |
| **Subject Social Security Required?** Select | | **Will Subject be paid $600 or greater?** Select | |
| **Requested # of Cards:**       **Campus mail address to send cards:** | | | |
| **Requested by and/or Principal Investigator (typed name):** | | | |
| **Requested by and/or Principal Investigator Signature:** | | | |
| **Stipend Description and Payment Amounts (in order of occurrence)** | | | |
| Stipend Description (or visit as listed in OnCore): | | | Amount: |
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| **System Access to the Study** | | | |
| First & Last Name: | Email: | Select System Access Level: | |
|  |  | Study Coordinator:  Manual Payment Approver:  Reporting: | |
|  |  | Study Coordinator:  Manual Payment Approver:  Reporting: | |
|  |  | Study Coordinator:  Manual Payment Approver:  Reporting: | |
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