EAST CAROLINA UNIVERSITY Study Voucher Authorization Form

Please print legibly.

tudy Voucher Authorization Form Provide original signatures in blue ink.						
this form should be con	npleted prior to generating th	ne Greenphire ClinCard Tea	m Dynamix ticket or	equesting cash paymen	ts.	
TO:	Financial Services/D	epositary Services/Ca	shier Office			
PI:						
DEPARTMENT:						
CONTACT:						
DATE:						
ECU BANNER #:						
	Fund	Orga	anization	Account	Program	Activity
Effective(date)			(PI Name) _		v	/ill begin
payments on			STUDY ID #			
		Note	enter N/A here, if not	an IRB study		
to be disbursed f						
		RE-ClinCard System	140			
		tary Services, Brody 1N				
	University Ca	ashier office, Old Cafete	eria Complex			
Principal Investigat	ent totals received during th tor	Date Sig		,		
APPROVAL:						
Department		Date Sig	aned			
Department						
Funding source(Ci	inical Trials, Grants, ITF,	etc.) Date Sig	gned			
****Estimated that \$		will be	_ will be distributed to participants in \$ estimated # of participants			\$
increments for	# of visits per participant	visits.				
	Attach:					
			Approved IRB Note: not applicable	Informed Consent s , if a non-IRB study	ection "how much	will I be paid"
			** this informat	nent schedule for G ion will be used to k system by Financia	ey the approved so	
Last revised by AP: June 2	7, 2025		the Greenphire	system by Financia	al Sel VICES	
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