Research Team
Process Guide

Managing Research Participant Payments

Clinical Trials Office
UT Health Science Center at San Antonio
VPRCTO@uthscsa.edu | 210-567-8270
Training Guide | Version 5.0 | December 2016
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Introduction

The Management of Research Participant Payment policy as described in the Handbook of Operating Procedures, HOP 7.7.2 (Jan 2015), establishes guidelines for management of participant payments. This policy provides uniform methods for documenting, tracking, and approving participant payments. These systems ensure that the Health Science Center is adequately managing the financial and ethical integrity of human subject research, with regards to participant payments. Training and knowledge of this policy is mandatory for all employees assigned to one of the participant payment roles defined in HOP 7.7.2.

Clinical Trials Office

The Office of the Institutional Review Board (OIRB) and or the Office of Clinical Research (OCR), refer studies planning to make participant payments to the Clinical Trials Office (CTO). The CTO is responsible for the completion of Participant Payment related documentation which includes: the Inst. B form, Participant Payment Workbook and ClinCard study build when applicable. The CTO will work with the Principal Investigator (PI) or designee to complete the Inst. B form, which is finalized and returned to the OIRB and/or OCR. The CTO will provide a Study Information Page (SIP) form to the Principal Investigator (PI) or designee for completion. The CTO will complete the Subject Payment Schedule (SPS) for the PI/designee, based on information in the approved Inst. B form. Once CTO review is complete and approved, the documents must be signed by the following: Principal Investigator, Authorized Signatory on PGID, Custodian, PI’s Dean or Deans Designee (*Only required when total study payments exceed $1,000 (USD) per subject per study), Office of Sponsored Programs (*Only required when a Fund Code is within 41XXX-44XXX range), with final signatures by the CTO. Change Request to the Study Information Page (SIP) must receive approval by the Principal Investigator (PI). The CTO will distribute the approved documents.

Appendix A includes CTO forms used to manage participant payments. For additional information please contact the CTO at (210) 567-8072, or VPRCTO@uthscsa.edu.

Office of Sponsored Programs

The Office of Sponsored Programs (OSP) is responsible for the review and approval of PID’s with fund codes that range from 41XXX-44XXX. OSP will review the Subject Payment Schedule (SPS) to verify that the total budget requested does not exceed the amount available on the PID and fund code provided.

Appendix A includes CTO forms used to manage participant payments. For additional information please contact OSP at GRANTS@uthscsa.edu.

Bursar’s Office

The Bursar’s Office (Bursar) is responsible for the coordination of banking services for the Health Science Center (HSC), including Petty Cash and HSC Debit Cards. Both Petty Cash and Debit Cards must be obtained from the Bursar. The Bursar must have an approved Subject Payment Schedule from the CTO in order to open Petty Cash or Debit Card accounts for a study. The custodian is the only authorized person allowed to pick up Petty Cash and Debit Cards from the Bursar office, utilizing the required HSC-Debit Card Request Form.

Appendix B includes Bursar forms used for these processes. For additional information please contact the Bursar’s Office at (210) 567-2556 or SAHCashMgt@uthscsa.edu.
Participant Payment Roles

The Principal Investigator is responsible for the overall conduct of the research project; including the management of research participant payments. The PI must assign UT employees to staff the participant payment roles as described in Managing Research Participant Payments policy, including:

**CUSTODIAN**: The person designated to guard and manage the payment account or inventory (i.e., Health Science Center Debit Cards, petty cash, gifts or local/state vouchers) or Sponsor Provided items (i.e., Debit Cards, Gift Cards, Gifts). Disburses and approves payments for participants in accordance with the Subject Payments Schedule; prepares and provides unique ID numbers to Subject Payment Form; collects and manages all required documentation for the participant payments, except for the Reconciliation Log; witnesses inventory reconciliations conducted by the Department Representative; responsible for shortages or overages; responsible for reporting shortages and overages to their supervisor, the Principal Investigator (PI), the CTO, the Bursar, the OSP, the Dean (or designee) and the UT Police department.

**DEPARTMENT REPRESENTATIVE**: A responsible person who is independent of the business operations of a study. The Department Representative conducts required inventory reconciliations using the Reconciliation Log. Collects and maintains completed Reconciliation Logs. Responsible for reporting shortages and overages to their supervisor, the Principal Investigator (PI), the CTO, the Bursar, the OSP, the Dean (or designee) and the UT Police department. For Studies using the Health Science Center Debit Card, the Department Representative does not have to be independent of the business operations, as long as this individual is not listed as the Custodian or a Payor for the given Study. Access within the Health Science Center Debit Card will limit access to prevent the Department Representative from being able to request or approve payments.

**PAYOR**: A member of the research team (typically a study coordinator) who works with the Custodian to provide payments to subjects. The Payor obtains signed Subject Payment Forms from Payee(s) as proof of payment for the Custodian. They also request electronic payments for subjects with HSC Debit Cards. Payors are financially responsible for all payment inventory entrusted to them and are responsible for reporting all payment shortages and overages to the Custodian.

**RESEARCH PARTICIPANT**: The individual who is receiving payment for participating in the given research study.

Study Information Page

The Study Information Page (SIP) form is the reference document for study information and staffing related to a given study. The CTO will ask the Principal Investigator (PI) or designee to complete one for each study. Once the SIP is approved it must be signed by the PI with final signature by the CTO. The CTO will provide electronic copies of the approved SIP(s) to the PI and/or PI's point of contact and the Custodian. All approved SIP(s) will be maintained by the Custodian as a component of the Participant Payment Workbook.

Changes to a SIP, must be submitted using the SIP Change Request form which must receive signed approval from the PI. The SIP Change Request should be submitted to the CTO using VPRCTO@uthscsa.edu, the CTO will make updates to the Participant Payment Workbook with return copy to the Custodian.
Research Team Roles and Responsibilities for Amendments/Changes to Payment Staffing Plan

SIP Change Request Form Completion:
1. Documents changes made to Study Information or Payment Staffing Plan including:
   a. Principal Investigator
   b. PGID Number
   c. Fund Code
   d. Max # of Participants for the study
   e. Payment Staffing Role(s) – Authorized Signatory on PGID, Department Representative, Custodian, Payor(s)
   f. Dollar Value of Payments

Dependent on the change request form submitted, there may be additional required documents/signatures required in order to process the update. All approved revisions to the SIP will be maintained by the Custodian as a component of the Participant Payment Workbook.

Studies with ClinCard as the method of payment will require extra processing time.

Subject Payment Schedule

The Subject Payment Schedule (SPS) is the reference document for payment events and/or milestones, method(s) of payment, and amounts. The CTO will complete the Subject Payment Schedule (SPS) with the Principal Investigator (PI) or designee, using the approved Inst. B form. Multiple SPS forms may be necessary for trials with multiple arms or groups receiving different payments. Once the SPS is approved it must be signed by the Authorized Signatory on PGID, Custodian, PI’s Dean or Deans Designee (*Only required when total study payments exceed $1,000 per subject per study), Office of Sponsored Programs (*Only required when a Fund Code is within 41XXX-44XXX range), with final signature by the CTO. All approved SPS(s) will be maintained by the CTO, the CTO will make final distribution of copies to the PI and/or PI’s point of contact, the Custodian, OSP (when applicable) and Bursar’s Office (when applicable).

Changes to an approved SPS must receive re-approval by the Authorized Signatory on PGID, Custodian, PI’s Dean or Dean’s Designee (*Only required when total study payments exceed $1,000 per subject per study), Office of Sponsored Programs (*Only required when a Fund Code is within 41XXX-44XXX range), with final signature by the CTO. All approved SPS(s) will be maintained by the CTO, the CTO will make final distribution of copies to the PI and/or PI’s point of contact, the Custodian, OSP (when applicable) and Bursar’s Office (when applicable).

Processing Participant Payments

This section will outline the Processing of Participant Payments, with relation to the method(s) of payment for a study. Researchers at the Health Science Center may use the following methods of payment research subjects:
- Health Science Center Debit Cards – (preferred method of payment)
- Cash
- Local State Vouchers
- Gift items
- Gift Cards

Health Science Center Debit Cards

In this section we outline the use of the Health Science Center Debit Card (Debit Card). The Debit Card is the preferred method for making Participant Payments. ClinCard is the software management system for
the Debit Cards. ClinCard is a web-based portal, for requesting and approving participant payments. After reviewing this section you will:

- Understand the Overview of ClinCard Set-up
- Understand the Roles and Responsibilities for the Research Team
- Understand how to register and pay Subjects using the ClinCard software
- And understand how to request ClinCards from the Bursar’s Office

**Overview of ClinCard Set-up**

Once Approval of your Research Teams SPS Form has been granted:

1. The CTO will enter the study into the ClinCard software based upon the approved SPS(s).
2. Once the study has been entered, the study staff notated on the Study Information Page (SIP) will be notified and granted access to ClinCard software via email notification from ClinCard.
3. The Custodian orders Debit Cards from the Bursar’s Office using the [HSC-Debit Card Request Form](#) which is located in the Participant Payment Workbook. The Custodian is the only individual that is able to order and pick-up the ClinCards from the Bursar's Office.

**ClinCard Request Steps**

“New – Card Requests” should be submitted to the Bursars Office at: SAHCASHMGT@uthscsa.edu.

1. The Initial “New-Card Request” is recommended to encompass quantity that is realistic to enrollment pace. Example the SPS Form indicates the max participants is 50. Although the trial is designed to have a staggered enrollment, the custodian can request less than the Max quantity listed based on enrollment timeline.
2. “Additional/Replacement- Card Request” form will be submitted by the Custodian and submitted to the Clinical Trials Office for approval at: VPRCTO@uthscsa.edu.

**ClinCard Users Access**

1. The CTO provides Users access based on their Role listed in the Payment Staffing Plan of the Study Information Page (SIP).
2. Access and Log-in credentials are emailed to the users by the ClinCard software.
3. Log-in credentials are “case sensitive”
4. Issues with logging into ClinCard can be addressed by using the following:
   i. “Forgot username and password?”
      1. Enter email address
      2. Click “Reset my password”
      3. Retrieve emailed instructions for resetting your password
5. If you experience additional issues please contact CTO:
   i. Phone: (210) 567-8072
   ii. Email: VPRCTO@uthscsa.edu

**Research Team ClinCard Roles and Responsibilities**

Custodian:

1. Completes the Departmental ClinCard Request Form and picks up the debit cards from the Bursar’s Office
2. Stores and safeguards the debit card inventory
3. Stores and safeguards ClinCard subject payment documentation
   a. Departmental ClinCard Request Form
   b. Subject Payment Forms
   c. Payor Distribution Forms
   d. Reconciliation Log
4. Records the debit cards on a Gift Log to establish the inventory level
5. Distributes debit cards to Payors using a Payor Distribution Form (PDF) to document the number of cards issued and returned
6. Witnesses inventory reconciliations conducted by the Department Representative
7. Approves debit card payment requests in the ClinCard system
8. Runs study level ClinCard system reports on payments

Payor:
1. Enters subjects into the ClinCard system
2. Assigns ClinCards to subjects
3. Obtains subject signatures on Subject Payment Forms (SPF) for debit cards issued and provides SPFs to the Custodian
4. May help the subject to activate their debit card
5. Requests payments for subjects in the ClinCard system
6. May schedule appointment reminders for subjects in the ClinCard system

Department Representative responsibilities:
1. Conduct opening and closing reconciliations of the ClinCard inventory
2. Conduct periodic reconciliations (at least once a month) of the ClinCard inventory

Using the ClinCard software

1. How to Look up a Subject who may already be registered:
   a. Log in to www.clincard.com
   b. Click on “Look up Subject”
   c. Search for the Subject you want to pay by entering one of the following pieces of information:
      i. First name / Last name
      ii. Subject ID
      iii. Subject Initials
   d. The result page will list any Subjects that meet the specified search criteria
      i. By clicking on the underlined name of the Subject, you will be brought to the “Subject information” screen where you can perform any of the actions required for the Subject.

2. Register a New Subject:
   Please remember to look up a subject prior to registering them to avoid assigning multiple cards to a Subject, as well as duplicating the subject in the ClinCard system.
   a. Log in to www.clincard.com
   b. Click on “Register Subject”
   c. Enter the required information into the form
   d. Note: If you would like the subject to receive payment confirmations or appointment reminders, be sure the “Email (Enable)” and/or “Text Messaging (Enable)” checkboxes are selected.
   e. Click on the “Register” button
   f. The “Subject Information” screen appears; page contains information where Payor(s) assign a card number, make a payment, schedule an appointment reminder, replace a Debit Card or edit a subject’s information.

3. How to Assign a ClinCard to a Subject:
   a. Log in to www.clincard.com; locate the “Subject Information” screen.
b. On the right hand side of the screen, click on “Assign ClinCard” and a pop-up screen appears.
c. In the “New Card” field, enter the 16 digit number visible through the window of one of the ClinCard card packages you received
d. Note: There is no need to open the envelope prior to providing to the subject
e. Click on the “Assign” button
f. Once the card has successfully been assigned, you will receive a confirmation message at the top of the “Subject Information” screen

Please inform the Subject that this is a reloadable card and that they should hold on to this card, do not discard after use.

**Internal Recording Requirements:**
- To transfer the Debit Card to the participant, obtain signature on the Subject Payment Form.
- Record the card number on the SPF under Serial/Sequence Number. Compare the card number on the SPF to the assigned card number in the ClinCard system to ensure consistency.

4. **How to Replace a ClinCard, In the event that a Subject loses their card:**
   a. Log in to [www.clincard.com](http://www.clincard.com); locate the “Subject Information” screen.
   b. Click on “Replace ClinCard”
   c. In the “New Card” field, enter the 16 digit number visible through the window of one of the ClinCard card packages you received
d. Note: There is no need to open the envelope prior to providing to the subject
e. Click on the “Assign” button
f. Once the card has successfully been assigned, you will receive a confirmation message at the top of the “Subject Information” screen

Note: This will deactivate the lost card and automatically transfer any available/pending balances to the newly assigned ClinCard.

**Internal Recording Requirements:**
- To transfer the Debit Card to the participant, obtain signature on the Subject Payment Form.
- Record the card number on the SPF under Serial/Sequence Number. Compare the card number on the SPF to the assigned card number in the ClinCard system to ensure consistency.

5. **How to Make a Site Visit Payment:**
   a. Log in to [www.clincard.com](http://www.clincard.com); locate the “Subject Information” screen.
   b. Click on “Make Site Visit Payment,” a pop-up window should appear.
      i. Select from the dropdown box for which milestone the patient is being paid, e.g., Visit 1)
      ii. Click on the “Pay” button
      iii. Once the payment has successfully been requested the “Pending Payment” area of the “Subject Information” screen will reflect the payment. It will also be reflected in your “Recent Activity” on the left-hand side of the screen.
   c. Once a payment request has been approved and processed, the amount will be removed from the “Pending Payment” area and reflected in the “Available Balance” area.
d. If the Subject has opted to receive email and/or text messages, the Subject will receive a payment confirmation communication once the payment is approved by the Custodian.

**Cash Payments**

In this section we outline the use of cash for subject payments. After reviewing this section you will:

- Understand the roles and responsibilities for the Research Team

**Research Team Roles and Responsibilities for Cash Payments**

**Custodian:**
1. Establishes petty cash accounts with the Bursar’s Office
2. Stores and safeguards petty cash inventory
3. Stores and safeguards payment documentation
   a. Petty Cash Account documentation
   b. Subject Payment Information
   c. Subject Payment Forms
   d. Payor Distribution Forms
   e. Reconciliation Log
4. When making cash payments obtains subject and Witness signatures on Subject Payment Forms (SPF)
5. Conducts periodic reconciliations (at least once a month) of the petty cash account
6. May use a Payor to provide payments to subjects; the amount of cash issued to and returned by Payors must be documented on a Payor Distribution Form (PDF) retained by the Custodian

**Payor:**
1. Receives cash payments from the Custodian; the amount of cash received from and returned to Custodian must be documented on a Payor Distribution Form (PDF) which is retained by the Custodian
2. Obtains subject and Custodian signatures on Subject Payment Forms (SPF) for payments given to subjects
3. Provides completed SPFs for payments made to the Custodian

**Department Representative:**
1. Conduct opening and closing reconciliations of the petty cash inventory
2. Conduct periodic reconciliations (at least once a month) of the petty cash inventory

**Local/State Voucher Payments**

In this section we outline the use of local/state vouchers for subject payments. After reviewing this section you will:

- Understand the roles and responsibilities for the Research Team

**Research Team Roles and Responsibilities for Local/State Voucher Payments**

**Custodian responsibilities:**
1. Provides study information to be included on the local/state voucher:
   a. Short study title
Gift Payments

In this section we outline the use of gift payments for subject payments. After reviewing this section you will:

- Understand the roles and responsibilities for the Research Team

**Research Team Roles and Responsibilities for Gift Payments**

**Custodian:**
1. Purchases or otherwise acquires gifts for subject payment
2. Records the gifts on a Gift Log to establish the inventory level
3. Stores and safeguards the gift inventory
4. Stores and safeguards gift payment documentation
   a. Gift Log
   b. Reconciliation Log
   c. Subject Payment Forms
   d. Payor Distribution Forms
5. When making gift payments obtains subject and Witness signatures on Subject Payment Forms (SPF)
6. Conducts periodic reconciliations (at least once a month) of the gift account
7. May use a Payor to provide payments to subjects; the number of gifts issued to and returned by Payors must be documented on a Payor Distribution Form (PDF) which is retained by the Custodian

**Payor:**
1. Receives gift payments from the Custodian; the number of gifts received from and returned to the Custodian must be documented on a Payor Distribution Form (PDF) which is retained by the Custodian
2. Obtains subject and Custodian signatures on Subject Payment Forms (SPF) for payments given to subjects
3. Provides completed SPFs for payments made to the Custodian

**Department Representative:**
1. Conduct opening and closing reconciliations of the gift inventory
2. Conduct periodic reconciliations (at least once a month) of the gift inventory
Gift Card Payments

In this section we outline the use of gift cards for subject payments. After reviewing this section you will:

- Understand the allowability of gift card payments
- Understand the roles and responsibilities for the Research Team
- Understand how to transition a study from making gift card payments to making debit card payments
- Understand how to return or reallocate surplus gift cards

Gift cards can no longer be purchased for subject payments. Gift cards may only be used if:

- The gift cards were purchased prior to implementation of the HOP 7.7.2, Management of Research Participant Payments, Revised April 2014, or
- The gift cards are not purchased with Health Science Center or study funds, but provided directly by an external sponsor

Research Team Roles and Responsibilities for Gift Card Payments

Custodian:
1. Obtains gift cards for subject payment from external sponsor
2. Records the gift cards on a Gift Log to establish the inventory level
3. Stores and safeguards the gift card inventory
4. Stores and safeguards gift card payment documentation
   a. Gift Log
   b. Reconciliation Log
   c. Subject Payment Forms
   d. Payor Distribution Forms
5. When making gift card payments obtains subject and Witness signatures on Subject Payment Forms (SPF)
6. Conducts periodic reconciliations (at least once a month) of the gift card account
7. May use a Payor to provide payments to subjects; the number of gift cards issued to and returned by Payors must be documented on a Payor Distribution Form (PDF) which is retained by the Custodian

Payor:
1. Receives gift card payments from the Custodian; the number of gift cards received from and returned to the Custodian must be documented on a Payor Distribution Form (PDF) which is retained by the Custodian
2. Obtains subject and Custodian signatures on Subject Payment Forms (SPF) for payments given to subjects
3. Provides completed SPFs for payments made to the Custodian

Department Representative:
1. Conduct opening and closing reconciliations of the gift card inventory
2. Conduct periodic reconciliations (at least once a month) of the gift card inventory

Transitioning Between Methods of Payment

In this section we will outline how to transition from one method of payment to another.

- Consultation with the Clinical Trials Office is required to develop and approve a revised Subject Payment Schedule before a study can change its method of payment
The original method of payment must end on or before the date that the succeeding method of payment begins. There can be no overlap between two types of payment.

**Returning or Reallocating Surplus Gift Cards**

In this section we will outline how to return or reallocate surplus gift cards:

- Surplus gift cards are those that remain when the intended use of the cards has ended.
  - The study has closed and all gift card payments have been made
  - The study continues but all gift card payments have been made
  - The study continues but has transitioned to another type of payment, e.g. debit cards
- Once cards have been deemed surplus the Custodian must determine if there are any restraints to their return or reallocation.
  - Gift cards purchased by the sponsor may need to be returned to the sponsor – a review of sponsor agreements/communications is necessary to inform the Custodian
  - Gift cards purchased with grant funds or other restricted funds must abide by the rules governing the allowable use of funds and may need the consent of the project manager
  - Surplus gift card return or reallocation must be in accordance with institutional and departmental guidelines.
  - Documentation of surplus card return or reallocation must be maintained by the Custodian as part of the required participant payment documentation.
- Examples of reallocating surplus cards:
  - Repurpose surplus cards within a project to be used for sponsor approved purposes
  - Transfer cards, at free market value, to another project to be used in accordance with institutional and departmental guidelines
  - Transfer cards, free of charge, to another project to be used in accordance with institutional and departmental guidelines

**Vendor/Payee Set-Up Forms**

If payments to a subject are expected to exceed $500 in a calendar year then that subject will need to be established as a Payee with Accounting. The Custodian must submit a Vendor/Payee Set-Up form for each subject meeting these criteria to Accounting at ACCPG-ADMIN@uthscsa.edu.

Appendix C includes the Vendor/Payee Set-Up form. For additional information please contact Purchasing Customer Service at (210) 562-6290 or PURCHADMIN@uthscsa.edu or Accounting at (210) 562-6230.
Training

Do NOT use Internet Explore when logging into the Knowledge Center, the preferred browsers are Google Chrome and FireFox

In the Knowledge Center:
Research & Development Topic:
- Management of Research Participant Payments
  - This course provides an overview of the standardized system required by HSC researchers and staff, whether directly or indirectly associated with compensating research subjects.
  - This module explains which roles people are filling when involved in making payments, as well as the responsibilities of each role.
  - MANDATORY for any employee with a role in the participant payment process.

- HSC Debit Card – ClinCard for Research Participant Payments
  - Prerequisite: Management of Research Participants Payments
  - REQUIRED for all employees associated either directly or indirectly when paying Research Subjects with the HSC Debit Card System, ClinCard.
## APPENDIX A. CTO Participant Payment Forms

### 1) Study Information Page

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<th>STUDY INFORMATION</th>
<th>EFFECTIVE DATE</th>
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*Only required when total study payments exceed $5,000 per subject per study.

### ADDITIONS/REMOVALS FROM ORIGINAL STAFFING PLAN

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</tr>
</tbody>
</table>

### APPROVALS

<table>
<thead>
<tr>
<th>PRINCIPAL INVESTIGATOR:</th>
<th>NAME</th>
<th>SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLINICAL TRIALS OFFICE:</th>
<th>CTO Representative</th>
<th>NAME</th>
<th>SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### APPENDIX A. CTO Participant Payment Forms

#### 2) SIP Change Request

**SIP Change Request**

This sheet must be submitted to document changes to the STUDY INFORMATION or PAYMENT STAFFING PLAN. To request changes complete this form and submit it to the Clinical Trials Office for approval, VPRCTO@uthscsa.edu

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>N/THSC Employee ID</th>
<th>Email Address</th>
<th>Phone</th>
<th>ADD/REMOVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRINCIPAL INVESTIGATOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUTHORIZED SIGNATORY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEPARTMENT REPRESENTATIVE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CUSTODIAN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAYOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAYOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comment/Explanation of Change:**

---

**APPROVAL of CHANGE REQUEST**

<table>
<thead>
<tr>
<th>Principal Investigator</th>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

---

Clinical Trials Office

UT Health Science Center at San Antonio
### APPENDIX A. CTO Participant Payment Forms

#### 3) Subject Payments Schedule

<table>
<thead>
<tr>
<th>Detailed Payment Milestones (include requirements for payment)</th>
<th>Number of Payments</th>
<th>Dollar Value of Payments</th>
<th>Maximum Dollar Value</th>
<th>Number of Gifts</th>
<th>Number of Debit Cards</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Cash</td>
<td>LUS Voucher</td>
<td>Debit Card</td>
<td></td>
</tr>
<tr>
<td>Clinical trial number which cannot be dispensed after a patient has qualified to receive a participant payment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOTAL CASH PAYMENTS FOR 1 RESEARCH PARTICIPANT: $</th>
<th>MAXIMUM CASH PAYMENTS: $</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>LUS VOUCHER PAYMENTS FOR 1 RESEARCH PARTICIPANT: $</td>
<td>MAXIMUM LUS VOUCHER PAYMENTS: $</td>
<td></td>
</tr>
<tr>
<td>DEBIT CARD PAYMENTS FOR 1 RESEARCH PARTICIPANT: $</td>
<td>MAXIMUM HSC - DEBIT CARD PAYMENTS: $</td>
<td></td>
</tr>
<tr>
<td>DOLLAR VALUE FOR 1 RESEARCH PARTICIPANT: $</td>
<td>MAXIMUM DOLLAR VALUE: $</td>
<td></td>
</tr>
<tr>
<td>NUMBER OF GIFTS FOR 1 RESEARCH PARTICIPANT:</td>
<td>MAXIMUM NUMBER OF GIFTS:</td>
<td></td>
</tr>
<tr>
<td>LCF: HSC - DEBIT CARDS FOR 1 RESEARCH PARTICIPANT:</td>
<td>MAXIMUM NUMBER OF HSC - DEBIT CARDS:</td>
<td></td>
</tr>
</tbody>
</table>

#### APPROVALS

<table>
<thead>
<tr>
<th>AUTHORIZED SIGNATORY ON</th>
<th>PRINTED NAME</th>
<th>SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CUSTODIAN:</td>
<td>PRINTED NAME</td>
<td>SIGNATURE</td>
<td>DATE</td>
</tr>
</tbody>
</table>

*Only required when total study payments exceed $1,000 per subject per study.*

| FY'S DEAN of DEAN'S Designee: | PRINTED NAME | SIGNATURE | DATE |

*Only required with Fund Code in the range of 0XXX-99999.*

| Office of Sponsored Programs: | PRINTED NAME | SIGNATURE | DATE |

| CLINICAL TRIALS OFFICE: CTO Representative | PRINTED NAME | SIGNATURE | DATE |

Electronic Signatures are acceptable

---

*Produced and retained by the Clinical Trials Office. Copies of this form will be provided to the PI, Custodian, Business Office, and Office of Sponsorship.*
**APPENDIX A. CTO Participant Payment Forms**

4) **Subject Payment Form**

<table>
<thead>
<tr>
<th>SUBJECT PAYMENT FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment Receipt Number: / / 001</td>
</tr>
<tr>
<td>Study’s PGID #</td>
</tr>
<tr>
<td>Short Study Title:</td>
</tr>
<tr>
<td>IRB Number:</td>
</tr>
<tr>
<td>Principal Investigator:</td>
</tr>
<tr>
<td>Department:</td>
</tr>
<tr>
<td>Visit or Payment Event:</td>
</tr>
<tr>
<td>Payment Type:</td>
</tr>
<tr>
<td>Cash</td>
</tr>
<tr>
<td>Serial Number or Sequence Number of the HSC - Debit Card or Gift Item:</td>
</tr>
<tr>
<td>Name or Subject Study ID:</td>
</tr>
<tr>
<td>Vendor Number or Vendor/Payee Setup Form Attached:</td>
</tr>
<tr>
<td>Payee Signature: (the research participant)</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Custodian or Payor Signature: (the person providing the payment)</td>
</tr>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>

1. The Subject Payment Form number is assigned by the custodian. The elements of the 3 part number are the study’s PGID number + Custodian’s Employee ID Number + a sequence number for the form; i.e. 001, 002, 003, etc.

2. If payments to this study participant are greater than $500 per calendar year a Vendor Number is required, if the subject is not a Vendor/Payee in PeopleSoft the person making the payment (the custodian or payor) must complete and attach a Vendor/Payee Setup Form.

All Subject Payment Forms and required documentation must be retained by the Custodian. For cash payments the original is attached to the Petty Cash Reimbursement Request submitted to the Bursar’s Office and a copy is retained by the Custodian.

For Office Use Only

The Custodian signature is required only if a Payor provided the payment.

A Witness signature is required only if the Custodian provided the payment.

Custodian Signature: [signature] Date: [date]

OR

Witness Signature: [signature] Date: [date]
APPENDIX A. CTO Participant Payment Forms

5) Gift Log

<table>
<thead>
<tr>
<th>Short Study Title</th>
<th>Custodian</th>
</tr>
</thead>
<tbody>
<tr>
<td>IRB Number</td>
<td>PI:</td>
</tr>
<tr>
<td>PGID Number</td>
<td>Department:</td>
</tr>
<tr>
<td>Fund Code</td>
<td>Gift Description</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 1</th>
<th>Section 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Purchased</td>
<td>Serial # or Sequence # of HSC - Debit Cards or Gifts</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------</td>
</tr>
</tbody>
</table>

Please attach copies of the purchase documentation for all gift inventory. This form and the purchase documentation must be retained by the Custodian.
### Payor Distribution Form

Use one PDF per inventory. Record the cash value of payments or the number of items issued by the Custodian and then returned by the Payor.

Use one line to record the issuance from the Custodian and a second line to record the returns by the Payor.

<table>
<thead>
<tr>
<th>Payor (Print Name)</th>
<th>*Total Issued</th>
<th>*Total Returned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unused Payments</td>
<td>Receipt Value [SPF]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Payor Approval</th>
<th>Custodian Approval</th>
</tr>
</thead>
</table>

*The cash value or the number of Debit Cards or Gifts issued or returned.

*This form must be retained by the custodian.

Page #: ________

Clinical Trials Office

Version 5.0, December 2016

UT Health Science Center at San Antonio
### 7) Reconciliation Log

**RECONCILIATION LOG**

<table>
<thead>
<tr>
<th>Date</th>
<th>Inventory on Hand (Value or Count)</th>
<th>Payment Receipts (Value or Count)</th>
<th>Outstanding Inventory on PDFs</th>
<th><em>Inventory Total</em></th>
<th>Department Representative Signature (Reconciliation Completed &amp; Verified)</th>
<th>Custodian Signature (Witness to Reconciliation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

*The Inventory Total is the Inventory on Hand + the Payment Receipts (SPFs) + the Outstanding Inventory on PDFs.*

*This form must be retained by the Custodian. All Payment Inventories must be reconciled at least once a month.*

---

Clinical Trials Office

UT Health Science Center at San Antonio

Version 5.0, December 2016
**APPENDIX B. – Bursar Forms**

### 1) HSC-Debit Card Request Form

<table>
<thead>
<tr>
<th>Request #</th>
<th>Date</th>
<th># of Cards Requested</th>
<th>Remaining Available</th>
<th>Total Cost of Cards</th>
<th>Requestor Name</th>
<th>Requestor Signature</th>
<th>Bursar/Cashier Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$</td>
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<tr>
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<tr>
<td>4</td>
<td></td>
<td>$</td>
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<td></td>
</tr>
<tr>
<td>5</td>
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<td>$</td>
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<td>6</td>
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<tr>
<td>7</td>
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</tr>
<tr>
<td>Totals</td>
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<td>-</td>
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<td></td>
</tr>
</tbody>
</table>

### ADDITIONAL/REPLACEMENT - Card Requests

<table>
<thead>
<tr>
<th>Request #</th>
<th>Date</th>
<th># of Cards Requested</th>
<th>Total Cost of Cards</th>
<th>Requestor Name</th>
<th>Requestor Signature</th>
<th>CTO Approval</th>
<th>Bursar/Cashier Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
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<td>$</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$</td>
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</tr>
</tbody>
</table>

*The Custodian is the only Authorized individual able to request and pick-up HSC-Debit cards from the Bursar’s Office.*
APPENDIX B. – Bursar Forms

2) Request Petty Cash Fund

TO: MERCEDES GARCIA
Bursar

PLEASE COMPLETE THE FOLLOWING (PRINT OR TYPE):

PERSON REQUESTING FUND: _______________________
DEPARTMENT: _______________________
SUBJECT: REQUEST PETTY CASH FUND
CHECK ONE:

________ PETTY CASH FOR DEPARTMENTAL CHANGE ORDER
________ PETTY CASH FOR PATIENT PARTICIPANT REIMBURSEMENT

FOR THE AMOUNT OF: _______________________

TO BE DRAWN ON ACCOUNT #: ___________ EXP DATE: ___________

AUTHORIZED SIGNATURE ON ACCOUNT: _______________________

PRINTED NAME OF AUTHORIZED SIGNATURE: _______________________

REASON FOR ESTABLISHING THE FUND: _______________________

________________________________________

PROPOSED CUSTODIAN: _______________________

*CUSTODIAN'S TITLE: _______________________

*MUST PRESENT A VALID UTHSCSA FACULTY/STAFF PHOTO ID.

CUSTODIAN LOCATION/PHONE: _______________________

SEND COMPLETED FORM TO THE OFFICE OF THE BURSAR

OFFICE OF ACCOUNTING/BURSAR USE ONLY
DATE: ___________ FUND APPROVED: ___________ signature

CASHIER USE ONLY
DATE CALLED: ___________ NOTES: _______________________

PLEASE BRING ORIGINAL AND 2 COPIES TO CASHIER'S WINDOW

REVISED 05/07 by

FUND REQUEST.XLS
3) Petty Cash Reimbursement Voucher

The University of Texas Health Science Center at San Antonio

PETTY CASH REIMBURSEMENT VOUCHER

<table>
<thead>
<tr>
<th>Account</th>
<th>Fund</th>
<th>Dept. ID</th>
<th>Sub-Class (Optional)</th>
<th>Project ID</th>
</tr>
</thead>
</table>

Description of Items Purchased:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Items were not purchased on campus, as instructed in section 6.4, policy 6.4.3 of the UTHSCSA Handbook of Operating Procedures because:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Purpose of Items Purchased

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I certify the attached receipts comply with rules & procedures for Petty Cash, in section 6.4, policy 6.4.3 of the Handbook of Operating Procedures.

Payee’s Signature

________________________________________________________________________

Authorized Signature for Project ID  * (Print or Type Name)

________________________________________________________________________

Witness (If Payee & Authorized Signature The Same)

________________________________________________________________________

Date: __________________________ Date: __________________________

Bring Completed Form to Cashier’s Window, Bursar’s Office

White – Accounting/Bursar
Blue – Department Copy
Yellow – Department Copy

If completing on computer using template – Bring original and 2 copies to Cashier’s Window

ACCT-PV – Revised 06/02; Herotol cs #5023917

F395-040-102
### APPENDIX C. Accounting Forms

#### 1) Vendor/Payee Set-Up Form-page 1

**Vendor / Payee Set-Up Form**
(Substitute W-9)

**ATTENTION:**
For Purchase Order Vendors – Please COMPLETE and EMAIL to PurchAdmin@uthscsa.edu or FAX to UTHSCSA Purchasing Office at (210) 562-6290. For questions, please CALL Purchasing Customer Service at (210) 562-6200 or Accounting at (210) 562-6230.

The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with the University of Texas Health Science Center at San Antonio, or may result in the Health Science Center having to deduct backup withholding amounts from its payments to you. Enter your TIN in the appropriate box.

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>OR</th>
<th>Employer Identification Number</th>
</tr>
</thead>
</table>

**COMPANY / CONTRACTOR NAME:**
- [ ] Check if Doing Business As (DBA) Name
  - DBA Name: __________________________
- [ ] Texas Certified Historically Underutilized Business (HUB) Vendor

**PAYMENT ADDRESS INFORMATION:**
- Name To Make Payment To: ________________________________
- Address: __________________________
- City: __________________________ State: _______ Zip Code: _______
- Region/Province: __________________________ Country: _______
- Contact Name: __________________________ Title: _______
- Phone: __________________________ Fax: _______
- Email: __________________________

**PURCHASE ORDER ADDRESS INFORMATION:**
- Address: __________________________
- City: __________________________ State: _______ Zip Code: _______
- Region/Province: __________________________ Country: _______
- Contact Name: __________________________ Title: _______
- Phone: __________________________ Fax: _______
- Email: __________________________

**BUSINESS CLASSIFICATION (Check one of the following and provide related information):**

- (S) ☐ US Sole Proprietorship
  - Owner Name: __________________________
  - Owner SSN: __________________________
- (P) ☐ US Partnership
  - Partner 1 Name: __________________________
  - Partner 1 SSN: __________________________
  - Partner 2 Name: __________________________
  - Partner 2 SSN: __________________________
- (T) ☐ Texas Corporation
  - Texas Corp. Charter No. __________________________
- (I) ☐ Individual Recipient (not owning business)
- (O) ☐ Out-Of-State Corporation
- (N) ☐ Other US Domestic Entity
- (G) ☐ Government Entity
- (A) ☐ Professional Association
- (C) ☐ Professional Corporation
- (R) ☐ Foreign (non-US) Entity or Individual Without Taxpayer Identification Number (TIN)
CERTIFICATION

SUBSTITUTE IRS FORM W-9 CERTIFICATION
Under penalties of perjury, I certify that the above information is correct and that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions – You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

<table>
<thead>
<tr>
<th>Signature of Vendor Representative</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Typed Name</th>
<th>Title</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTICE FOR REQUEST OF DISCLOSURE OF SOCIAL SECURITY NUMBER
Disclosure of your Social Security Number ("SSN") is required of you in order for The University of Texas Health Science Center at San Antonio to comply with Section 6109 of the Internal Revenue Code, as mandated by Federal law. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

NOTICE ABOUT INFORMATION LAWS AND PRACTICES
With few exceptions, you are entitled on your request to be informed about the information The University of Texas Health Science Center at San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have The University of Texas Health Science Center at San Antonio correct information about you that is held by The University of Texas Health Science Center at San Antonio and is incorrect, in accordance with the procedures set forth in The University of Texas Systems Business Procedures Memorandum 32. The information that The University of Texas Health Science Center at San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

You may send requests for information to: Andrea Marks, M.B.A., C.P.A., Vice President and Chief Financial Officer; Mail: 7703 Floyd Curl Drive, San Antonio, TX 78229-3009
Email: marksae@uthscsa.edu; Phone: 210-567-7020; Fax: 210-567-7627; In person: Academic Administration Building (AAB), Room 425