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| Name of recipient | Address | Social Security Number (optional) | Date | Amount | Gift Card Number (Required) | UWF Employee (Y/N) \*\*\* | \*\*Signature of Acceptance (Required) | Issued by (Person who disbursed)  Required |
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| Project Name |  |
| IRB Number/ Title |  |
| Gift Card Vendor |  |

\*\*By signing below, you are confirming that you are subject to tax reporting which may include the issuance of a Form 1099-MISC if cumulative calendar year payments from UWF exceed $600.

\*\*\* Any incentive amount paid to university employees will be reported on their Forms W-2 at the end of the calendar year.