# Internal controls documents (example)

## To help track and pay research participants in government use

**What this is:** Internal controls documents to help teams track and account for payments.

**How to use this:** Read this carefully before you try to use it to adopt a research compensation practice. Work with your attorneys on what will work in your organization.

## Internal controls documents

### Appendix A: Gift Card Purchase Request Form

[Department / Office]

Attach any supporting documentation to this form.

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Justification and Intended Use of Requested Cards (please describe):   
*\*Request must be submitted 30 days prior to delivery date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Delivery Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requester/Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funding Budget Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Project Name/Event & Date** | **Vendor** | **Number of Cards** | **Amount per Card** | **Card Fee** | **Extended Cost** |
| 1 |  |  |  |  | % | $ |
| 2 |  |  |  |  | % | $ |
| 3 |  |  |  |  | % | $ |
| 4 |  |  |  |  | % | $ |
| 5 |  |  |  |  | % | $ |
|  |  | Total |  |  |  | $ |

|  |  |
| --- | --- |
| **\_\_\_\_\_\_** | Initial here to certify gift cards are not issued to City Employees, contractors, and vendors and are not intended for payment of service fees/goods |

Requestor: Date: \_\_\_\_\_\_\_\_\_\_\_

Signature (print name & title)

Division Director: Date: \_\_\_\_\_\_\_\_\_\_\_\_

Signature (print name & title)

Dir. of Administration: Date: \_\_\_\_\_\_\_\_\_\_\_\_

Signature (print name & title)

#### Gift Card Inventory Tracker

**Note:** [Department / office] currently will use [system] to track research and gift cards. [system] provides a robust database system to track this information and allows information to tie into fields on various sheets/tabs more easily. This example below shows the fields that will be collected for the inventory tracker.

|  |  |  |  |
| --- | --- | --- | --- |
| **Gift card serial number** | **Amount / value** | **Type** | **Date distributed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### Appendix B: Gift Card Distribution Tracker

**Note:** [Department / office] currently will use [system] to track research and gift cards. [system] provides a robust database system to track this information and allows information to tie into fields on various sheets/tabs more easily. This example below shows the fields that will be collected for the distribution tracker.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Participant name** | **Gift card serial number** | **Date distributed** | **Distribution method** | **Staff distributor** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### Appendix C: Gift Card Distribution/Participant Receipt Form

This example below shows the information that will be collected in the Gift Card Receipt Form.

|  |  |
| --- | --- |
| **Gift Card Receipt** | |
| Research session |  |
| Date |  |
| Location |  |

### Appendix D: Gift Card Storage Box Tracking Sheet

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gift Card Storage Box Tracking Sheet** | | | | | |
| Use this form to log when the box has been opened and gift cards have been removed or added. When this sheet is full, scan it and save it electronically. Print a new sheet. | | | | | |
| Date | Staff name | # of gift cards removed | # of gift cards added | Total cards in box | Staff signature |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |