



ClinCard Participant Card Return

Date _____

Purchase Order Number: _____

Custodian Name: _____

Protocol Title: _____

Protocol #: _____

HJF Project/Task/Award: _____/_____._____/_____

Number of Cards Ordered: _____

Number of Cards Returned: _____ X \$3.25 per Card = _____

(Depending on the order and return date of the ClinCards, the program will be credited the amount above.)

Reason for Card Return **(Required)**:

Replacement Card(s) Needed: Yes No

****If Applicable***

Number of Replacement Cards Requested: _____

Mail Replacement Cards To: (please include contact information)

To return unused ClinCards, please submit this form and all unused cards to:

HJF

Atn: Accounts Payable

6720A Rockledge Drive, Ste. 100

Bethesda, MD 20817

If any questions, please contact: ap@hjff.org or 240-694-4032.