



### 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 \$3.00 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 the unused ClinCards, please submit this form and all unused cards to:

HJF

Atn: Accounts Payable

6720A Rockledge Drive, Ste. 100

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