



## Gift Card Request Form

Date: \_\_\_\_\_ Department: \_\_\_\_\_

Purpose and benefit of purchasing gift cards/certificates:

\_\_\_\_\_

Dollar amount of each gift card to be purchased: \$ \_\_\_\_\_

Number of gift cards to be purchased: \_\_\_\_\_

Total dollar amount of gift cards to be purchased: \$ \_\_\_\_\_

Vendor from which gift cards will be purchased: \_\_\_\_\_

Purchased by: \_\_\_\_\_ Employee (will be reimbursed) \_\_\_\_\_ Voucher (payable to vendor)

\_\_\_\_\_ P-Card (Cardholder Name): \_\_\_\_\_ Last 4 digits \_\_\_\_\_

Projected date of purchase: \_\_\_\_\_

Projected date gift cards will be distributed: \_\_\_\_\_

Gift cards must be kept in a secure campus location (e.g., locked drawer or safe) until distributed. The distribution of the gift cards/certificates must be documented, including date of distribution, name of recipient, and signature of recipient acknowledging the receipt. If the gift cards are for a confidential human subject study, the department must retain distribution records in their files for seven fiscal years after the grant expires. Otherwise, distribution records must be uploaded to the voucher or P-Card document page in the Finance System when the distribution is complete.

The reviewer of the gift card(s) will review the gift card records at least once a month to verify that all distributed and undistributed gift cards are accounted for and will report any discrepancies to the College/Division Administrator.

If the department awards a gift card/certificate to an employee, the department is also responsible for reporting this amount to the Procurement Card as the employee's taxable benefit in accordance with SAM

03.D.06. If the department awards a gift card/certificate to a non-employee and the total amount received by the non-employee in a calendar year is \$600 or more, the department is responsible for submitting the non-employee's W-9 Form and reporting the amount to the Procurement Card Coordinator, so that the non-employee can be issued a Form 1099-MISC.

Purchaser of Gift Card: \_\_\_\_\_

Gift Card Custodian: \_\_\_\_\_

Supervisor: \_\_\_\_\_

CDA: \_\_\_\_\_

Vice President: \_\_\_\_\_

Name

Signature

Date