

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: _____

Purchase by: Employee (will be reimbursed)
 Voucher (payable to vendor)
 Local ProCard (Cardholder _____ Last 4 digits _____)

Projected date of purchase: _____

Projected date gift cards will be distributed: _____

The Gift Card Request Form must be uploaded as backup to the voucher or ProCard transaction.

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 ProCard document page in the Finance System when the distribution is complete.

Someone other than the gift card custodian 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 Department Head.

If the department awards a gift card/certificate to an employee, the department is also responsible for reporting this amount to the Payroll Department 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 Accounts Payable, so that the non-employee can be issued a Form 1099-MISC.

Gift Card Custodian: _____

Reviewer of Gift Card Records: _____

Department Administrator: _____
Name Signature Date

