

Authorization for the Purchase of Gift Cards/Gift Certificates

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| PURCHASER INFORMATION | |
| Name of Purchaser: | Click here to enter text. |
| Department/Student Organization: | Click here to enter text. |
| Cost Center/Agency Fund: | Click here to enter text. |
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| Purchase information | |
| Vendor Name(s): | Click here to enter text. |
| Date of Purchase: | Click here to enter a date. |
| $ Amount of Gift Card(s): | Click here to enter text. |
| # of Gift Card(s) Purchased: | Click here to enter text. |
| Disbursement Date to Recipient(s): | Click here to enter a date. |
| Name(s) of Recipient(s): | Click here to enter text. |

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| description of event/purpose for gift cards | |
| Click here to enter text. | |
| Are the gift cards purchased for a research project in which participants remain anonymous? | Choose an item. |
| If Yes, a separate disbursement log must be maintained by the department doing the study. | |

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| confirmation | | | |
| I confirm that the Gift Cards/Gift Certificates purchased will be used solely for the intended purpose listed above, and I agree to distribute the cards to the recipients within 30 days of receipt of purchase. | | | |
| Purchaser’s Signature: |  | Date: |  |

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| Verification | | | |
| I hereby authorize the use of departmental funds to purchase Gift Cards/Gift Certificates for the intended purpose listed above, and will abide by the Gift Card policies related to the possession of confidential disbursement logs, if applicable. | | | |
| Department Head Signature: |  | Date: |  |