

Gift Card Purchase Request Form

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| **Open gift card requests are subject to an internal audit by HHD Finance Office | |
| Requested Date: | |
| Name of Academic Unit: | |
| Name of Project Investigator: | |
| Name of Project: | |
| Name of Finance Contact Person: | |
| IRB#: | |
| Vendor & card type (physical or ecodes): | |
| Number of Card(s): | |
| Dollar Amount of each card: | |
| Expected Fee per card: | |
| Total Dollar Amount of purchase: | |
| PROVIDE EXPECTED DISTRIBUTION DATES: | |
| CLEARING ACCOUNT COST CENTER & IO: | |
| ACTUALIZED COST CENTER or IO/SPONSORED PROGRAM: | |
| Accountability Date: | |
| PAYMENT: (PCARD, SHOP ONLION, Non-PO Invoice) | |
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| NOTES: (Please enter notes in blank space below) | |