

Gift Card Purchase Request Form

**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:	
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)	
NOTES: (Please enter notes in blank space below)	