

Gift Card/ Gift Certificate Purchase Request Form

Please review our Hospitality Policy and Gift Card Procedure Guidelines for complete information on the gift card purchasing process and reimbursement.

Submit this form at least ten (10) days prior to the purchase of the cards. Once the request is approved, the purchasing process can start by either submitting a Purchase Order, utilizing a P-Card, or by placing the approved expense on a personal card and submitting a check request for reimbursement. Gift Cards should NOT be purchased prior to receiving proper approvals.

The use of gift cards must comply with the mission of CSUDH and Toro Auxiliary Partners (TAP) and adhere to all policies and procedures. Gift cards purchased with Sponsored Project funds must also follow state and federal regulations as applicable.

Use of gift cards should be infrequent and cannot be used to compensate employees, independent contractors, volunteers, or other individuals for services/work performed. Only one gift card can be awarded to a recipient per event/activity and any individual card \$150 and over, or total request of \$2500 or more must be approved by the TAP Executive Director. Please note there can be financial aid and tax implications with the receipt of gift cards. Please contact auxiliarypartners.ap@csudh.edu for more information.

Requester's Name:	Email:	Ext:
Gift Card Purchaser's Name:	Email:	Ext:

Do you require the use of TAP's Office P-Card for this Purchase	<input type="radio"/> Yes	<input type="radio"/> No
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<input checked="" type="checkbox"/>	Purpose of Gift Card
<input type="checkbox"/>	Employee/Student Recognition
<input type="checkbox"/>	Retirement Gift
<input type="checkbox"/>	Opportunity Drawing
<input type="checkbox"/>	Survey or Active Participation Drawing
<input type="checkbox"/>	(Other) Explain:

Enter a detailed description of the purpose of this gift card purchase: (Failure to provide sufficient detail may be grounds for the request being rejected)	Today's Date:
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Enter a detailed explanation of how this purchase supports the mission of CSUDH & CSUDH TAP and program objectives:

Enter the date or dates when the cards will be distributed. These dates must be within 30 dates of when this request is submitted. If you intend to distributed gift cards further that 30 days out you will need to wait and complete a separate request.
Date(s)

Enter the names of who will distribute the gift cards, if it is not the person submitting this request		
Name:	Email	Ext.

Enter the CSUDH contact information of the supervisor of the project for these gifts cards. If you are the supervisor of the project, enter your one -up supervisor.		
Name:	Email	Ext.

Indicate whether you have fiscal authority (signer on the account being used for this expense)	
Yes <input type="radio"/>	No <input type="radio"/>
If you do not have fiscal authority (not a signer on the account). Is your supervisor a signer?	
Yes <input type="radio"/>	No <input type="radio"/>

Enter the names of the individuals who will receive the gift cards below or for convenience, you can attach a document citing these names. State the relationship to the campus, Staff, Faculty, Student, Community Member, Volunteer, Other (please explain)	
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

Indicate whether you will be using a Grant Account (5XXX...)	
Yes <input type="radio"/>	No <input type="radio"/>

Enter the account number and object code for this expense

Enter the details of the gift cards you intend to purchase. If multiple vendors, ensure to list each separately		
1. Vendor Name		
Number of Cards		
Dollar Value of Each Card	Quantity:	Dollar value of each:
	Quantity:	Dollar value of each:
	Quantity:	Dollar value of each:
	Quantity:	Dollar value of each:

2. Vendor Name		
Number of Cards		
Dollar Value of Each Card	Quantity:	Dollar value of each:
	Quantity:	Dollar value of each:
	Quantity:	Dollar value of each:
	Quantity:	Dollar value of each:

3. Vendor Name		
Number of Cards		
Dollar Value of Each Card	Quantity:	Dollar value of each:
	Quantity:	Dollar value of each:
	Quantity:	Dollar value of each:
	Quantity:	Dollar value of each:

Are these Electronic Gift Cards or Hard Copy Cards? Enter any Notes or Additional Comments:

(Only applicable if you are using an OSRP (Grants & Contracts) Account or performing human subject research) Enter the email address of your Sponsored Project Analyst. Enter the relevant IRB Net # for your project, and attach you IRB Approval. Contact your Post-Award Analyst if you have questions about IRB documents and requirements.

Postaward@csudh.edu

Email Address:

IRB Net#

By checking this box you acknowledge that you are familiar with the requirements of the CSUDH TAP's Cash Handling Policy and will store and handle these gift cards as though they were cash.

I acknowledge that I will keep possession of these cards in a secure location in accordance with the CSUDH Cash Handling Policy until distributed.

Acknowledge ☐

By checking this box you acknowledge that you are familiar with the CSUDH Hospitality Policy & Gift Card Purchasing Procedures and will abide by them. As specified in the Gift Card Purchasing Procedures, failure to follow these procedures and all other CSUDH TAP policies and procedures may lead to consequences including recovery of card cost, suspension of P-Card, disciplinary action and/or dismissal.

I acknowledge that I am familiar with the CSUDH Gift Card Purchasing Procedures and will abide by them.

Acknowledge ☐

Authorized Account Signer's Approval

Name:

Signature:

Date

All TAP Gift Card Purchases Must be Approved by the VP/Dean/Department Head (E.D., E.P Director)

Name:

Signature

Date:

For TAP Use Only

For Grant Expense

Post Award Analyst Signature:

All TAP Gift Card Purchases over \$150 per card Must be Approved by the TAP Executive Director

Executive Director

Signature:

All Gift Card total request of \$2500 or more must be approved by the TAP Executive Director

Executive Director

Signature:

TAP Processor – Approvals

- ☐ Expense is allowable ☐ Department Level Approvals Received
- ☐ Identified TAP Approvals Needed & Routed Internally
- ☐ Purchase Order Complete (If requesting purchase by PO, the Bookstore accepts POs)

TAP Processor – Reconciliation

- ☐ Gift Card/ Gift Certificate Purchase Request Form Received
- ☐ If Reimbursement Check Request Complete
- ☐ Tracking log complete
- ☐ Itemized Receipts Provided