



GIFT CARD REQUEST FORM

Use this form to request approval to purchase gift cards on a ProCard.

Section 1: Purchase Details

Business purpose: _____

Vendor(s): _____

Number of gift cards and dollar amount each: _____

Requested dollar total: _____

Date range gift cards are to be distributed (must be within the current fiscal year): _____

IRB Protocol Number, if applicable: _____

Title of IRB Project, if applicable: _____

Section 2: Chartfield

All gift cards should be charged to account 660003.

Business Unit	Fund	Dept ID	Program	Class	Project	\$ Amount

If using more than two chartfields, please attach a list here.

Section 3: Signature Authorization

Requester: _____

By signing this form, I agree to be responsible for the safekeeping of all gift cards/certificates in a secure location until they are awarded, and to maintain all documentation related to this request.

DOA Approver 1 _____ DOA Approver 2 _____

IRB Compliance Review (human subject research only) _____ Foundation Approver (BKFDN only) _____

Grant Analyst (BKSPA only) _____ AVP SPPA (BKSPA > \$3000 only) _____

ProCard Office (procard@csub.edu) - Required Final Approver