

Gift Card Request Form

Please complete the fields below if you are planning to purchase a gift card.

Department Making Gift Card Request

Start Date of Card Disbursement DD MM YYYY
 End Date of Card Disbursement

Gift Card Requestor Information

First Name Last Name Workday Employee ID Email Address

**** Enter Pcard holder information if Pcard used for payment is different than gift card requestor information ****

First Name Last Name Workday Employee ID

Summary of Purpose/Reason for Gift Card(s) Purchase

Gift Card Details

** If additional lines are required please provide as an additional attachment **

Card Amounts	Quantity	Value	Vendor	Other Vendor Description
Gift Card 1				
Gift Card 2				
Gift Card 3				

Gift Card Payment Information

Driver Worktag Cost Center REEport (AES Only)

IRB Disclosure

If your study will be confidential and/or anonymous for IRB purposes, please indicate by checking the correct box below. A letter from the PI will be required.

Yes, my study will be confidential and/or anonymous.

No, my study will not be confidential and/or anonymous

By signing this form, I am certifying that I will provide Procurement Office with the following information related to the purchase within the required dates for documentation of PCard Purchases for a given cutoff period.

- (1) Completed Signed Log Sheet and W-9s if applicable (ALL required information must be filled out)
- (2) Receipt of each gift card(s) purchase
- (3) A copy of this form with all required signatures
- (4) If you answered yes to the IRB disclosure, a PI Letter

Requestor Signature _____ Date _____

Procurement Approval _____ Date _____