

Gift Card Approval Form



BAU
Bay Atlantic
University

Explanation of Purchase

Explanation of Purpose of Gift Card Purchase:

Explain how the Event/Award of Gift Cards will benefit the University:

Transaction Information

Vendor: _____

Quantity of Cards Requested: _____

Dollar Amount of Each Card: \$_____ (Note: Gift Cards may not exceed \$25. Each recipient may only receive up to \$25.)

Funding

Account: _____

Fund: _____

Program: _____

Project / Event: _____

Approvals

As the purchaser of these gift cards, I have read the Gift Card Policy and certify that these gift cards are being purchased in compliance with the Gift Card Policy. I understand the cards are to be awarded to students and/or non-employees only. The cards will not be awarded to non-US residents. I will document the name and contact information for each gift card recipient on the Gift Card Recipient Log. The log and this completed form will be included as part of the supporting documentation for the gift card purchase.

Cardholder Agreement

Printed Name:

Signature:

Date:

Department Administrator Approval

Printed Name:

Signature:

Date:

Research and Sponsored Programs (RSP) Approval (if required) Note:

Printed Name:

Signature:

Date:

Gift Card Audit Log

(Use the Excel template on Finance Office Shared Drive)



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Department : _____

Item: (type of gift card) _____

Custodian : _____

Date Purchased	Serial Number	Card Amount	Journal ID	Date Disbursed	Payment Purpose	Recipient Name/ID	Recipient Signature/Initials

Gift Card Reconciliation

Cards Purchased : _____ Amount Disbursed : _____

Cards On-Hand : _____

Gift Card Reconciliation (Copy and paste from Audit Log)

Cards Purchased: _____ Amount Disbursed: _____ Cards On-Hand: _____

Serial Numbers On-Hand: (List Serial Numbers On-Hand)

___ Verify the number of cards on hand agree to the audit log

___ Verify the serial numbers on hand agree to the serial number not disbursed on the audit log

___ Verify the total value of cards purchased per the audit log agree to the amount recorded in QuickBooks

___ Verify all disbursements have a recipient signature/initials

Date

Custodian Signature

Department Signature
