Request for Gift Card Purchase Authorization

Date: ______________________

1. Department name: ____________________________________________________________

2. Name of custodian: ___________________________________ Phone #: ______________________
   Custodian E-Mail address: ___________________________________ Campus Box #: ____________

   **All card inventories are subject to unannounced audits.**
   Campus, building and room where cards will be located: ____________________________________________

   Indicate the normal hours of operation for this activity, i.e., when will someone most likely be in the office for audit purposes? ____________________________________________

3. Cards to be used for: ________________________________________________________________

4. Card denomination $ _______ Average number dispensed per week: _______
   Type of Card to be purchased (Source): ____________________________________________

5. Total Amount to be purchased: $ _______ Amount to be purchased on a weekly basis: $ _______
   Period of time over which cards will be purchased: From ________ to __________
   The Cards will be purchased from the following:
   Speedtype _______ Fund _______ Organization _______ Program or Project # ____________
   What is the total amount an individual can be paid in a calendar year? _______________

6. To be completed if paying study subjects.
   Type of protocol: Exempt (Anonymous) Expedited (Minimally Invasive) Full-Board (Invasive)
   Will any of the study subjects be non-resident aliens? Yes No Unknown

   **I certify that the above information is correct and that the fund requested will be used in accordance with all fiscal rules governing its use. I have read and understand Gifts Certificates, Gift Cards & Money Orders Process Management and Internal Controls.**

   Custodian Signature __________________________ Date ________________

   Department Authorization __________________________ Date ________________

   **Submit this form along with the Statement of Responsibility to Finance at Mail Stop D129**

   Approvals:

   __________________________ Date ________________
   UCD Controller

   __________________________ Date ________________
   UCD Office of Grants and Contracts (when applicable, i.e. Funds 30 and 34)