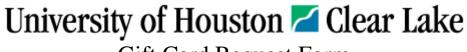
University of Houston **∠** Clear Lake

Gift Card Request Form

Date: Department:			Dept ID:	
Purpose and benefit of purchasin	g gift cards/certificate	es:		
Dollar amount of each gift card t	o be purchased:	Quantity:	Total amount:	
Vendor from which gift cards wi	ll be purchased:			
Purchase by: (Check one) Employee (will be reimbursed Voucher (payable to vendor) Local P-Card Cardholder N	•	•	G.	
Projected date(s) of purchase:				
Projected date(s) gift cards will b	e distributed:			
The Gift Card Request Form approved be must be kept in a secure campus location completed "Cash Handling Acknowledged The distribution of the gift cards/certific	n (e.g., locked drawer or s ement" form on file with ates must be documented,	afe) until distributed, in General accounting, listi including date of distrib	the custody of an employee wing themselves as a "Custodia ution, name of recipient(s), a	rho has a n". nd signature of
recipient(s) acknowledging the receipt. (records must be uploaded to the vouche	r or P-Card document pag	e in the PeopleSoft Finar	ace System when the distribut	ion is complete.
Responsible department may assign son to verify that all distributed and undistri Business Administrator.				
If the department awards a gift card/certiful Human Resources as the employee's tax			onsible for reporting this amo	ount to UHCL
If the department awards a gift card/cert is \$600 or more, the department is respo Payable, so that the non-employee can be	nsible for submitting the i	non-employee's W-9 For		
By signing below, you are indicating that	t you have read and agree	to all of the above polic	ies.	
Gift Card Custodian Signature: x				
Business Administrator Signature:	v		Title	Date
Dusiness Administrator Signature.				Date
Accounts Payable Approval: x		Direc	ctor - Accounts Payable	
, ,,	Randy Baggett		Title	Date
F	lease email this form to	o AccountsPayable@u	ıhcl.edu	
	For	Questions:		
Accounts Payable (281)283-2130 AccountsPayable@uhcl.edu		ources (281)283-2160 ources@uhcl.edu	Business Operations AVPBusOps@uhcl.	



Gift Card Request Form

Acknowledgement for Receipt of Gift Certificates/Gift Cards

Date(s) of the University Event:			
Name of the University Event:			
Responsible College/Department:			
Recipient Name	Signature of Recipient	Amount	