FRANCIS MARION UNIVERSITY
GIFT CARD PURCHASE AUTHORIZATION FORM

1. Department: _______________________________________________________

2. Date: ______________________________________________________________________

3. Requestor's name: ___________________________________________________________

4. Requestor's email: ___________________________________________________________

5. Purpose (Detailed description of intended use) of Gift Cards/Certificates (e.g., Paper Competition Award, Study Participant):


6. Recipients: (Employees, Students, Non-employees, Research Participants):


7. Date of Event/Disbursement: ________________________________________________

8. Vendor from which cards will be purchased: _________________________________

9. Number of Gift Cards: _____________

10. Value of each Gift Card: __________________

Requestor agrees to follow the FMU Guidelines for Gift Card Usage and will complete a Gift Card Disbursement Log during the disbursement of the gift cards/certificates. The completed Gift Card Disbursement Log must be returned to the FMU Office of Accounting.

Requestor’s signature: _______________________________________________________

Note: In order to purchase gift cards/certificates, this form must be received by the FMU Purchasing Office with an approved Purchase Requisition.

Purchasing Department Use Only:

Staff Initials _______ Date Approved _____________ Purchase Order #___________

Please see the FMU Guidelines for Gift Card Usage for retention requirements for this form.