

**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.**