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):

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

6. Date of Event/Disbursement: _______________________________________
7. Vendor from which cards will be purchased: __________________________
8. Number of Gift Cards: _____________
9. 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.