

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.