

REQUEST FOR GIFT CARDS ORDER FORM

Date: _____

Principal Investigator/Study Coordinator: _____

School, Department, or Activity: _____

Mailing Address: _____ Telephone No.: _____

Location: (Building, Room #): _____

Banner Index: _____

Description of use, quantity and dollar Amount (cards are available in whole dollar amounts from \$25 to \$100; \$1.95 fee per card):

By signing this Request for Gift Card Order Form, I agree that

- I am solely responsible for the safekeeping and maintenance of the gift cards.
- I am responsible for maintaining receipts and/or logs to document the distribution of the cards.
- I understand that I am responsible for collecting tax information for IRS reporting purposes by having each study participant complete a Substitute W-9 form and forwarding those forms to Treasury Services along with this request for gift cards.
- I should prepare a written monthly verification of gift cards and receipts/logs for internal records.

Requested By: _____
Principal Investigator/Study Coordinator Signature Date

Approved By: _____
Dean/Department Head Signature Date

Send to: Treasury Services, Box 843031

For Use by Treasury Services Only

Approved By: _____
Date