

Gift Card Request Form

This form will be used to request pre-approval for all gift cards. The purchase and use of such items require strict accountability - gift cards may only be used for prizes and awards or to compensate human subject research participants.

Section 1 - Custodian/Study Coordinator Information - *individual requesting gift cards*

Name: _____		Date: _____	
Banner ID: _____		Title: _____	
Address: _____		City: _____	State: _____
Zip Code: _____		E-mail: _____	
Department Name: _____		Bldg. Name: _____	Phone #: _____

Section 2 - Type of Gift Cards - *select one*

ClinCard - Reloadable Visa Card Physical Virtual Both

Section 3 - Study/Event Information

Event Name: _____		Gift cards previously issued for this study/event: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Grant Name: _____		Estimated Budget: _____	
Date Required: _____		Distribution Date: _____	
Who will receive the gift cards: Employee <input type="checkbox"/> Student <input type="checkbox"/> Research Participant <input type="checkbox"/> Other <input type="checkbox"/> _____			
Detailed description of intended use of gift cards/gift certificates - <i>use for prizes, awards and research participants:</i>			

Section 4 - Institutional Review Board (IRB) Study Information - *Research Only*

Study Name: _____	
Additional PI or Study Coordinator Name: _____	
IRB Authorization Number: _____	
IRB Study Title: _____	
<i>Reminder: Attach IRB documentation & authorization</i>	

Section 5 - Fund & Account Information

Funding Source: <i>select one</i>		A. External Granting Agency		B. Institutionally Funded		Is Budget Available?	
Banner FOAPAL:	Fund #	Org #	Acct #	Program #	Activity #		

Section 6 - Number of Gift Cards and Loads

Card Type	Quantity of Cards Needed (# of Participants)	Fee Per Card	Load Per Card	Fee Per Load	Fees (Card & Load)

Section 7 - Gift Card Amount(s) & Payment Schedule/Milestones

Load/Payment #	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Amount Per Visit														
Quantity of Cards														
Subtotal:														
Gift Cards:														
Request Total:														

Section 8 - Signature and Consent

By signing this application, you acknowledge that you have read and will adhere to the University's Gift Card Policy.

* Custodian/Study Coordinator agrees that they are in charge of the stewardship and safeguarding of the cards until distributed
 * Custodian/Study Coordinator agrees to collect the required tax information from the gift card recipients

Custodian/Study Coordinator (Print) _____	(Signature) _____	Date: _____
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Section 9 - Gift Card Approval

Department Head (Print) _____	(Signature) _____	Date: _____
Dean/AVP (Print) _____	(Signature) _____	Date: _____
Grant Approval (Print) _____	(Signature) _____	Date: _____
Finance (Print) _____	(Signature) _____	Date: _____

Finance Distribution & Tracking

ClinCard		Sequence #	
<i>DO NOT FILL OUT -- To be completed by Finance for final authorization.</i>			
Accounts Payable ClinCard Distribution & Tracking			
I acknowledge, understand and accept the receipt of the cards and confirm that I have read the Gift Card Policy and understood the procedures.			
Number of Cards: _____		Card(s) # _____	
<u>Study</u>			
<u>Coordinator:</u> _____			
Upon pick up	Print Name	Signature	Date
<u>Finance</u>			
<u>Approval:</u> _____			
ClinCard	Print Name	Signature	Date

Steps for ClinCard Pre-Approval, Distribution & Reconciliation

1. Complete the Gift Card Request Form (*one per study/event*) & acquire the appropriate authorization
2. Attach IRB Notice of Approval to the request form for all research studies
3. Email to giftcards@rowan.edu
4. Administrator - upon approval will provide ClinCard access by:
 - Creating the study
 - Maintaining milestone payment schedule
 - Adding study coordinator to a new study
 - Sending user logins
 - Contacting the study coordinator for gift card distribution
5. Study Coordinator will be responsible for the following:
 - Pick up and sign for the physical gift cards in Bole Hall
 - Can now utilize the ClinCard system
 - Closeout study - notify the ClinCard Administrator by emailing giftcards@rowan.edu and list the remaining balance
 - To Return unissued ClinCards email giftcards@rowan.edu

Gift Card Calculation Form

Only use this form to calculate the total budget for studies utilizing **BOTH** Physical & Virtual ClinCards.

Section 1 - Physical Cards															
Physical Cards - Number of Gift Cards and Loads															
Enter number of physical cards needed and how many times a payment will be submitted onto a card.															
Card Type	Quantity of Cards Needed (# of Participants)				Fee Per Card	Load Per Card	Fee Per Load	Fees (Card & Load)							
Physical Gift Card Amount(s) & Payment Schedule/Milestones															
Enter the payment amount for each visit.															
Load/Payment #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
Amount Per Visit															
Quantity of Cards															
Subtotal:															
Gift Cards:															
Physical Card Request Total:															

Section 2 - Virtual Cards															
Virtual Cards - Number of Gift Cards and Loads															
Enter number of virtual cards needed and how many times a payment will be submitted onto a card.															
Card Type	Quantity of Cards Needed (# of Participants)				Fee Per Card	Load Per Card	Fee Per Load	Fees (Card & Load)							
Virtual Gift Card Amount(s) & Payment Schedule/Milestones															
Enter the payment amount for each visit.															
Load/Payment #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
Amount Per Visit															
Quantity of Cards															
Subtotal:															
Gift Cards:															
Virtual Card Request Total:															

Section 3 - Total														
Request Total:														

Please attach this form to the completed gift card request form.