RowanUniversity
ACCOUNTS PAYABLE

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 ☐ No ☐
Grant Name: _____ Estimated Budget: $500
Date Required: _____ Distribution Date: _____
Who will receive the gift cards: Employee ☐ Student ☐ Research Participant ☐ Other ☐
Detailed description of intended use of gift cards/gift certificates - *use for prizes, awards and research participants:*

Adding Funds only. No new cards needed.

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

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

Section 5 - Fund & Account Information

Funding Source: *select one* A. External Granting Agency ☐ B. Institutionally Funded ☐

Banner FOAPAL:	Fund #	Org #	Acct #	Program #	Activity #	Is Budget Available?

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)
					$ 0.00

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	$ 500.00													
Quantity of Cards	1													
Subtotal:	$ 500.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

Gift Cards: $ 500.00
Request Total: $ 500.00

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:

Section 9 - Gift Card Approval

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

Email form & IRB documentation (if applicable) to giftcards@rowan.edu. You will be notified via email when gift cards are ready for pick up.