



Treasury Services Use Only

Journal Id: GC_____

Gift Card Request Form

Custodian Name: _____ Email: _____

Custodian must be a full-time employee.

Department: _____ Phone: _____

Purpose: _____

Date Needed: _____ Return Date: _____ (Return Date to be within 30 days of receipt. If more than 30 days

Please allow at least **3 business days** for processing your request.

is necessary, please provide explanation below.)

Please allow at least **1 week** to process orders of 30+ Prepaid Visa Gift Cards

Explanation: _____

Will the gift cards be used for research subjects?

Yes

No (If no, then the College Dean or Auxiliary Unit Director approval is required)

College Dean or Auxiliary Unit Director Approval

Print Name

Signature

Date

What account do you want charged? _____ - _____ - _____

(Please note that your account will be charged when the order is picked up at the Department Deposit Window)

How many cards would you like to order?

Card Type (See University Approved Options Below)	Card Amount	Qty of Cards	Total \$ Amount

UNIVERSITY APPROVED GIFT CARD OPTIONS

- 1) CAMPUS GIFT CARDS (Free)
- 2) COUGAR CASH DEPOSIT (Attach Cougar Cash Request Form, Free)
- 3) PREPAID VISA GIFT CARD (\$2.50 fee per card / \$10 Min Card Balance)
- 4) AMAZON.COM E-CARDS (For Research Subjects Only; Free)

Subtotal:

Gift Card Fees (if applicable):

Total:

How will you document the distribution of the cards?

Recipients will sign for the cards

Two employees will witness distribution & attest that the cards were distributed properly

This order is for Amazon E-Cards and I will attach documentation in Chrome River

If this application is approved:

- I agree to consider it a part of my personal stewardship to safeguard the cards.
- I agree to turn in distribution documentation and/or undistributed gift cards to the Department Deposit window in D-155 ASB by the return date. If additional time is required to disperse the gift cards, please notify Tammy Miner at 422-2914.

Custodian Signature

Date

College Controller Signature

Date

Scan and email the signed application to giftcards@byu.edu. Keep a duplicate copy for your files. You will be notified by email when you can pick up the card(s) at the Department Deposit window in D-155 of the ASB. For questions about gift cards contact **Tammy Miner** at 422-2914.