

## Gift Card Purchase Authorization Request Form

This form must be completed PRIOR to the purchase of gift cards or gift certificates by Miami University employees or Student Organizations. The completed Gift Card Authorization Request(s) should be maintained by the Department with corresponding Gift Card Distribution Log(s) as described in the Gift Card Policy. Submit completed form to Accounts Payable at AccountsPayable@MiamiOH.edu.

**Purchaser's Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Purchaser's Signature:** \_\_\_\_\_

Intended Use of Cards (e.g. raffle, recruitment, Who/What/When/Where/Why): \_\_\_\_\_

**Vendor Name** (Entity from which Cards are to be purchased): \_\_\_\_\_

Today's Date: \_\_\_\_\_ Total \$ Amount to be Purchased: \_\_\_\_\_

# of Cards: \_\_\_\_\_ Face Amount of Cards: \_\_\_\_\_ Month/Yr of Distribution: \_\_\_\_\_

### Method of Purchase:

- Employee P-Card
- Departmental P-Card
- Hosting Form
- Student Org. (Multiuse Card)
- Spend Authorization (Cash Advance employee/researcher)

### WORKDAY ACCOUNTING DETAILS:

Cost Center: \_\_\_\_\_

Fund: \_\_\_\_\_

Program: \_\_\_\_\_

Campus: \_\_\_\_\_

Other Worktags: \_\_\_\_\_

### Appropriate Authorized Signature (i.e., Dean, Department Chair or Business Administrator)

Name (Printed) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Accounts Payable Approval

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Exception Approval by Senior VP of Finance and Business Services

Signature: \_\_\_\_\_ Date: \_\_\_\_\_