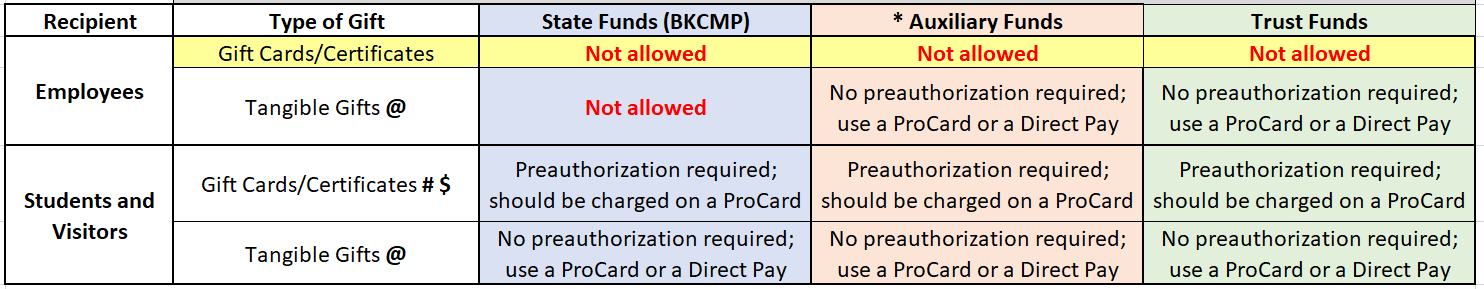
CSUB GIFT CARD/CERTIFICATE PURCHASE PRE-AUTHORIZATION FORM

Pre-authorization is required for the purchase of all gift cards and certificates. **Gift cards/certificates may only be purchased on a ProCard by a University employee.** A copy of this approved form, original detailed receipt, and [Gift Acknowledgement Form](https://www.csub.edu/bas/fiscal/studaccount/_files/gift_card_acknowledgement_form.docx)  must accompany the ProCard Reconciliation Packet.

* **Gift cards/certificates awarded to students will be reported to Financial Aid and may be included on the 1098-T.**
* **Gift cards/certificates awarded to visitors may be included on a 1099-MISC form.**
* **Gift cards/certificates awarded for participation in research projects cannot exceed a value of $50.**



**Description of what is going to be purchased (including number and dollar amount of items to be purchased):** Click here to enter text.

**Description of intended use of gifts (e.g., research project, survey, drawing, student recognition, etc):** Click here to enter text.

**Vendor Name (entity from which gifts are to be purchased):** Click here to enter text.

1. **If Human Subjects Research, IRB approval is required. Protocol Number:** Click here to enter text. **Title of Project:** Click here to enter text.
2. **If Grant related, SPPA Sponsored Programs Post Award approval is required. Fund #** Click here to enter text. **Project #** Click here to enter text.

**Month and Year gifts are to be distributed:** Click here to enter text.

**Total Requested Dollar Amount:** Click here to enter text.

**Chartfield (including business unit)** Click here to enter text.

**Requestor’s Name:** Click here to enter text.

**Requestor’s Signature: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click here to enter text.

**Contact Extension/Email** Click here to enter text.

***If authorization is granted, the requestor agrees to be responsible for the safekeeping of all gift cards/certificates in a secure location until they are awarded (i.e. a locked desk or office) and to maintain a copy of all documentation related to this request.***

**Appropriate Approval Signature (i.e., Dean, Department Chair, Administrator or Principal Investigator)**

***If charging a grant, the Principal Investigator’s approval is required.***

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Signature Name (Printed) Date

\_\_\_

Title

**Send Grant related forms to** [**spapostaward@csub.edu**](mailto:spapostaward@csub.edu)

**Send Human Subjects Research forms to IRB** [**gparnell@csub.edu**](mailto:gparnell@csub.edu)

**All others: Send to Payment Services** [**accounts\_payable@csub.edu**](mailto:accounts_payable@csub.edu)

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Business Services Director or AVP Signature

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IRB approval (if applicable)

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SPPA Sponsored Programs Post Award approval (if applicable) Link to [Hospitality Policy (under Payment Services)](https://www.csub.edu/bas/paymentservices/Policies/index.html)