**Gift Card Program Purchase Plan / Approval**

*This form must be completed, with a signed copy returned to the Rolla Accounting Department, G-3 Parker Hall, for all gift card or gift certificate purchases. See* [*University Policy 22308 – Gift Cards*](https://www.umsystem.edu/ums/policies/finance/gift_cards) *for details on obtaining and managing gift cards. See* [*University Policy 22307 – Awards, Gift and Prizes*](https://www.umsystem.edu/ums/policies/finance/awards) *for policy guidance on these type of activities.*

1. **Program Name**:
2. **Department**:
3. **Department Contact: ­­­­­­­­­­­**  **Phone:**
4. **Description of program/business purpose**:

1. **Duration\frequency of program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Anticipated date when program will be complete/all cards will be distributed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Gift Card Recipients** *(check all that apply)***:  Employees  Non-Employees  Students  Research Subjects**
   1. **How is/are recipient(s) determined:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **How is/are amount(s) determined:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Purchase details:**
2. **Purchase Method** *(NOTE: Procurement approval is required for method other than Show Me Shop)***:**

**Show Me Shop – Provide Requisition ID** *(If available)*

**PCard – Provide Cardholder Name**

**Other** *(explain)*

1. **Retailer:**
2. **Dollar amount of each gift card:**
3. **Number of cards to purchase:**
4. **Total dollar amount:**
5. **Purchase charged to: Name of chartfield string**

**MoCode** \_\_\_\_\_\_\_ **Fund** \_\_\_\_\_\_\_ **DeptID** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Program** \_\_\_\_\_\_\_ **Project** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Note: Gift card purchases funded by grants/contracts require approval of the Office of Sponsored Programs)*

1. **Gift Card Program Roles** *(Refer to* [*University Policy 22308 – Gift Cards*](https://www.umsystem.edu/ums/policies/finance/gift_cards) *for description of these roles)*
2. **Program Administrator Name**:
3. **Gift Card Custodian**:

*(Must be a different individual than Program Administrator and Record Keeper)*

1. **Record Keeper**:

*(Must be a different individual than Program Administrator and Custodian)*

1. **How will you safeguard gift cards until they are distributed?**
2. **Approvals:**

**Department Head:**

**Division** *(if required)***:**

**Accounting:**

*Accounting use only: Gift Card Program Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*