



UNIVERSITY OF
CENTRAL FLORIDA

APPLICATION TO PURCHASE ADVANCE GIFT CARDS

Submission Date: _____

(*)Purchase Order #: _____

Prepared By: _____

Phone #: _____

Vendor Name: _____

Vendor ID: _____

Department/Project #: _____

Project Period: _____ to _____

IRB End Date: _____

Cardholder's Name: _____

Gift Card Information:

Estimated Cost of Gift Cards: _____

Quantity: _____ X \$: _____ = Total \$: _____

Quantity: _____ X \$: _____ = Total \$: _____

Quantity: _____ X \$: _____ = Total \$: _____

Grand Total \$: _____

Purpose of Gift Cards: _____

After completion of this form, you will be required to do the following:

- Complete the reconciliation form 41-997 within 30 days of PCard purchase of Gift Cards
- Form 41-996 and form 41-997 will be required to be included in your Monthly PCard statement packet
- If total purchase is over the PCard Credit Limit or Single Purchase Limit contact the PCard Administrator for an override
- (*)If total purchase is over \$5000, a Purchase Order is required prior to purchasing Gift Cards
- Attach the approved budget for the grant showing approval for the participant payments
- Attach the IRB showing approval to pay participants for the study

Preparer Signature

Date

Cardholder's RFO/DDC/PI Per Dept/Proj Number

Date

Assistant Controller or Designee (F&A)

Date