

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, Where, Why): _____

Vendor Name (Entity from which Cards are to be purchased): _____

Date: _____ **Total \$ Amount to Purchase:** _____

Number of Cards: _____ **Face Amount of Cards:** _____

Method of Purchase:

Chrome River Cash Advance (Employee or Researcher) Departmental P-Card
Employee P-Card Hosting Form Buyway (Amazon tile) Student Org (Buyway)

Month/Yr Distribution of Cards: _____ **Fund/Org/Account:** _____

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

Signature: _____ Date: _____

Accounts Payable Approval

Signature: _____ Date: _____

Exception Approval by Senior VP of Finance and Business Services

Signature: _____ Date: _____