



Elson S. Floyd College of Medicine

WASHINGTON STATE UNIVERSITY

GIFT CARD PURCHASING CARD EXCEPTION REQUEST

Last 4 Digits of PCard Number _____

Cardholder Name _____

Request Date _____

Need By Date _____

Merchant Name _____

Total Transaction Amount _____

Quantity of Gift Cards _____

Value of Each Gift Card _____

Principal Investigator _____

Program _____ Budget _____ Project _____ Grant Name _____

Purpose of Gift Cards:

Compensate participants for their feedback and input related to the grant study

Other, please explain: _____

Purchase of gift cards for this purpose is an expense specifically allowable by funding. If checked, select all that apply:

Gift cards as participant incentives are permitted in the budget narrative as well as the grant award.

Incentives such as gift cards are necessary to generate interest among study populations and are specifically mentioned in the grant proposal.

Grantee has approved participant gift cards in grant budget for the purpose of participant incentives.

Since feedback is desired for the completion of segments on a variety of projects within the grant, incentives are necessary.

IRB has approved that funds be used to purchase gift cards for study.

Other, please explain: _____

How will you record distribution of the cards? Name of recipient, WSU ID, value of card, and date received must be recorded and retained with Purchase Card documentation. Select one:

A spreadsheet will be used to track participant number, date of distribution, and RA that distributed the gift card.

Other, please explain: _____

The Business Office requests that only the number of gift cards that will be awarded within 30-60 days be purchased at one time. All accounting of the prior awarded gift cards should be completed before additional purchases are made. Please complete the following:

Number of gift card you presently possess _____

Date the gift cards begin being issued to participants _____

How many participants do you have currently? _____

What other denominations of gift cards will be disbursed? _____

How many gift cards do you anticipate will be awarded per participant per week? _____

If additional gift cards are being requested that exceed the 30-60 day quantity, please state the reason: _____

WSU requires that you provide a disbursement log and maintain supporting documentation of participants. COM requires a completed electronic disbursement log be routed to the Finance Office. Your signature below represents your agreement to abide by these requirements. Please electronically sign and press Submit to email this form to finance.medicine@wsu.edu **and** attach a signed copy to your online Purchase Request.

Cardholder Signature

Approving Official Signature