

Gift Card Request Form

This form will be used to request pre-approval for all gift cards. The purchase and use of such items require strict accountability - gift cards may only be used for prizes and awards or to compensate human subject research participants.

Section 1 - Custodian/Study Coordinator Information - <i>individual requesting gift cards</i>														
Name: _____							Date: _____							
Banner ID: _____							Title: _____							
Address: _____							City: _____				State: _____			
Zip Code: _____							E-mail: _____							
Department Name: _____							Bldg. Name: _____				Phone #: _____			
Section 2 - Type of Gift Cards - <i>select one</i>														
ClinCard - Reloadable Visa Card Physical <input type="checkbox"/> Virtual <input type="checkbox"/> Both <input type="checkbox"/>														
Section 3 - Study/Event Information														
Event Name: _____							Gift cards previously issued for this study/event: Yes <input type="checkbox"/> No <input type="checkbox"/>							
Grant Name: _____							Estimated Budget: _____							
Date Required: _____							Distribution Date: _____							
Who will receive the gift cards: Employee <input type="checkbox"/> Student <input type="checkbox"/> Research Participant <input type="checkbox"/> Other <input type="checkbox"/> _____														
Detailed description of intended use of gift cards/gift certificates - <i>use for prizes, awards and research participants:</i>														
Section 4 - Institutional Review Board (IRB) Study Information - <i>Research Only</i>														
Study Name: _____														
Additional PI or Study Coordinator Name: _____														
IRB Authorization Number: _____														
IRB Study Title: _____														
<i>Reminder: Attach IRB documentation & authorization</i>														
Section 5 - Fund & Account Information														
Funding Source: <i>select one</i> A. External Granting Agency <input type="checkbox"/> B. Institutionally Funded <input type="checkbox"/> Is Budget Available? <input type="checkbox"/>														
Banner FOAPAL:	Fund #	Org #	Acct #	Program #	Activity #									
Section 6 - Number of Gift Cards and Loads														
Card Type	Quantity of Cards Needed (# of Participants)			Fee Per Card	Load Per Card	Fee Per Load	Fees (Card & Load)							
Section 7 - Gift Card Amount(s) & Payment Schedule/Milestones														
Load/Payment #	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Amount Per Visit														
Quantity of Cards														
Subtotal:														
Gift Cards:														
Request Total:														
Section 8 - Signature and Consent														
<i>By signing this application, you acknowledge that you have read and will adhere to the University's Gift Card Policy.</i>														
* Custodian/Study Coordinator agrees that they are in charge of the stewardship and safeguarding of the cards until distributed														
* Custodian/Study Coordinator agrees to collect the required tax information from the gift card recipients														
Custodian/Study Coordinator (Print) _____											Date: _____			
(Signature) _____														
Section 9 - Gift Card Approval														
Department Head (Print) _____											Date: _____			
(Signature) _____														
Dean/AVP (Print) _____											Date: _____			
(Signature) _____														
Grant Approval (Print) _____											Date: _____			
(Signature) _____														
Finance (Print) _____											Date: _____			
(Signature) _____														

Email form & IRB documentation (if applicable) to giftcards@rowan.edu. You will be notified via email when gift cards are ready for pick up.

Finance Distribution & Tracking

ClinCard		Sequence #	
<i>DO NOT FILL OUT -- To be completed by Finance for final authorization.</i>			
Accounts Payable ClinCard Distribution & Tracking			
I acknowledge, understand and accept the receipt of the cards and confirm that I have read the Gift Card Policy and understood the procedures.			
Number of Cards: _____		Card(s) # _____	
<u>Study</u>			
<u>Coordinator:</u>			
Upon pick up	Print Name _____	Signature _____	Date _____
<u>Finance</u>			
<u>Approval:</u>			
ClinCard	Print Name _____	Signature _____	Date _____

Steps for ClinCard Pre-Approval, Distribution & Reconciliation

1. Complete the Gift Card Request Form (*one per study/event*) & acquire the appropriate authorization
2. Attach IRB Notice of Approval to the request form for all research studies
3. Email to giftcards@rowan.edu
4. Administrator - upon approval will provide ClinCard access by:
 - Creating the study
 - Maintaining milestone payment schedule
 - Adding study coordinator to a new study
 - Sending user logins
 - Contacting the study coordinator for gift card distribution
5. Study Coordinator will be responsible for the following:
 - Pick up and sign for the physical gift cards in Bole Hall
 - Can now utilize the ClinCard system
 - Closeout study - notify the ClinCard Administrator by emailing giftcards@rowan.edu and list the remaining balance
 - To Return unissued ClinCards email giftcards@rowan.edu

Gift Card Calculation Form

Only use this form to calculate the total budget for studies utilizing **BOTH** Physical & Virtual ClinCards.

Section 1 - Physical Cards															
Physical Cards - Number of Gift Cards and Loads															
Enter number of physical cards needed and how many times a payment will be submitted onto a card.															
Card Type	Quantity of Cards Needed (# of Participants)					Fee Per Card	Load Per Card	Fee Per Load	Fees (Card & Load)						
Physical Gift Card Amount(s) & Payment Schedule/Milestones															
Enter the payment amount for each visit.															
Load/Payment #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
Amount Per Visit															
Quantity of Cards															
Subtotal:															
												Gift Cards:			
												Physical Card Request Total:			

Section 2 - Virtual Cards															
Virtual Cards - Number of Gift Cards and Loads															
Enter number of virtual cards needed and how many times a payment will be submitted onto a card.															
Card Type	Quantity of Cards Needed (# of Participants)					Fee Per Card	Load Per Card	Fee Per Load	Fees (Card & Load)						
Virtual Gift Card Amount(s) & Payment Schedule/Milestones															
Enter the payment amount for each visit.															
Load/Payment #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
Amount Per Visit															
Quantity of Cards															
Subtotal:															
												Gift Cards:			
												Virtual Card Request Total:			

Section 3 - Total															
												Request Total:			

Please attach this form to the completed gift card request form.