

## Authorization Form for the Purchase of Gift Cards/Prizes

Number of Gift Cards/Pri	izes	Email:  Face Value(s):	
to be purchased:		Note: face values exceeding \$100 require Dean signature approval	
Description of the item to be purchased:		Total Amount:	
Intended Use of Gift Cards/Prizes:	Drawing Research * Contest Other: Student Recognition	Date Cards Distributed:	
	Method of Purchase/Acquisit	ion	
P Card	Reimbursemer		
PO/Check Request		nt	
PO/Check Request	Reimbursemer Donation	nt	
PO/Check Request	Reimbursemer Donation /Prizes are integral to your program and its e	nt	Date
PO/Check Request  Describe how Gift Cards	Reimbursemer  Donation  /Prizes are integral to your program and its e	educational purpose.	Date
PO/Check Request  Describe how Gift Cards  Approver's  Grants Approval:	Reimbursemer  Donation  /Prizes are integral to your program and its e	educational purpose.	Date
PO/Check Request  Describe how Gift Cards  Approver's	Reimbursemer  Donation  /Prizes are integral to your program and its e	educational purpose.	Date

**Required for each Gift Card/Prize Transaction** 



to submit additional documents, such as a W-9.