**MEMORANDUM FOR RECORD**

**ADVANCED AUTHORIZATION FOR GIFT CARD PURCHASE**

**Today’s Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Department: \_\_\_\_\_\_\_\_\_\_**

**Gift Cards are not an allowable expense without prior written approval from Disbursement Services.**

Request to purchase gift cards must be submitted prior to the purchase.  If the request is not submitted prior to purchasing gift cards the purchaser assumes full responsibility for those costs and will not be reimbursed by the University.

**Not Permissible:**

1. Cannot purchase cards from any merchant that sells alcohol.
2. No store cards. (ex. Walmart, Sams, Target, Kroger, HEB, etc.)
3. No major credit cards. (ex. Visa, MC, AMEX, Discover, etc.)
4. Cannot purchase a store card from the store where the gift card is purchased. (ex. No Walmart card from Walmart)

 Requests should be submitted to Procard@PVAMU.EDU and should include the information below:

**TRANSACTION INFORMATION: Anticipated Date of Purchase: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
|  | **Details** | **Response** |
| **1.** | **Event details and business purpose for gift cards.** |  |
| **2.** | **Number of gift cards.** |  |
| **3.** | **Denomination of each gift card.** |  |
| **4.** | **Name of merchant where gift cards will be purchased.** |  |
| **5.** | **Department Account used to purchase the gift cards.** |  |
| **6.** | **Total Purchase Amount:**  | **$** |

**CERTIFICATION:**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print), certify that the above purchase is compliant with the guidelines and**

|  |  |
| --- | --- |
| **Purchaser Print Name:**  |  |
| **Signature:** |  |
| **Date:** |  |
|  |  |
| **Department Head/Dean Print Name:** |  |
| **Department Head/Dean Signature:** |  |
| **Date:** |  |
|  |  |
| **Disbursement Office Approval** |  |
| **Print:** |  |
| **Sign:** |  |
| **Date:** |  |