## UNIVERSITY OF TOLEDO

Gift Card/Gift Certificate Purchaser Name and last 4 digits of P-Card:

## **Authorization/Request for the Purchase of Gift Cards/Gift Certificates**

Department Name:	Index	Account	
I verify that the Gift Cards/Gift Certificates purchased will be used solely for the intended purpose listed below.			
Gift Card/Gift Certificate Purc	haser's Signatur	re:	
<b>Purchase Information</b>			
Vendor Name:		Date of Purchase:	
Number of Gift Cards/Certific	ates	Amount of Purchase:	
Detailed Description of Items to be Purchased:			
Detailed Description of Intended Purpose for Items Purchased (must be for a single purpose):			
Month/Year Disbursement(s) to be made:			
Will the gift card/certificate(s)	disbursement lo	og be confidential?	
If yes, a separate disbursement log must be kept in the possession of the department doing the study and must be available for review as determined by internal and/or state auditors.			
I hereby authorize the use of d	epartmental fund ift Card policies	ds to purchase Gift Cards related to the possession	Gift Certificates for the intended purpose listed of confidential disbursement logs, if applicable