

Gift Card Approval Form

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Date:				
Name of Requestor:		Department: (Name & ORGN Code)		
Email:		Phone:		
Gift Card Supplier: (Eg. Amazon, WalMart)				
Number of Cards		Value of Individua	1	
Requested:		Gift Cards: (Max value of \$100/card)		
Total Value of All Gift Card				
Method of Payment:				
Name of Event/Program:				
Reason Gift Card(s) is/are Required:				
Signature of Requestor:			Date:	
Approval (Signature) of Cost Centre Manager:			Date:	
The Requestor and Cost Centre Manager acknowledge that these Gift Cards are being purchased exclusively for College business and agree to abide by the terms of the Gift Card Policy, including maintaining appropriate logs and ensuring safekeeping of all gift cards.				
Finance Approval:			Date:	

This form is to be completed in advance of all gift card purchases.