Procurement Card Program
Subject Payment Gift Cards Agreement
(Effective 7/1/2021)

I have received and reviewed the guidelines for purchasing gift cards to be used as subject payments on a university procurement card. I agree that the department will:

1. Purchase gift cards in quantities to last approximately one month.
2. Provide report to tax by the 15th of the month using the provided Excel template. File should be password protected and passwords should be sent in a separate email.
3. Assign the management of this process to one person in the department with a second named as backup.
4. Follow existing procurement card policies including prompt review and approval of transactions in Workday.

Department Name: __________________________________________

Employee assigned to manage reports to tax: ____________________________

Employee(s) assigned to manage Procurement Card purchases: ________________

Employee(s) who will act as backup: ____________________________

Describe the process the department uses to safeguard the gift cards:

________________________________________________________________________

________________________________________________________________________

Describe the dept. process for maintaining an internal reconciliation of gift cards purchased, distributed and on-hand so that each grant or funding source is only paying for the gift cards used in conjunction with that funding source:

________________________________________________________________________

________________________________________________________________________

Describe the dept. process used for ensuring that required data is collected and submitted to tax monthly:

________________________________________________________________________

________________________________________________________________________

I have addressed and resolved any questions or concerns I have to the Card Programs Administrator prior to signing this form. I agree to comply with the policies outlined in this document.

____________________________________  ____________________________
Business Manager or Equivalent Signature   Employee Assigned to Manage Tax Reports   Date

____________________________________  ____________________________
Tax Approved   SPA Approved