





## St. Michael's Inspired Care. Inspiring Science.

## **Gift Card Distribution & Reimbursement Form**

Return to Research Finance, ORA, once all gift cards are distributed

A. Gift Card Inform	ation												
Purpose of gift						Total dollar amount of							
card payments					gift cards purchased								
B. Gift Card Acquis	ition												
First and Last Name													
Who purchased a gift cards?													
Date When were gift cards purchased?													
Form of Payment													
How were gift cards purchased. C	Cash, credit card	, or debit?											
C. Gift Card Recip	ient Inforn	nation											
Const. delles velve serves	# of Payees			Amount									
Small dollar value payme				provided to									
number of payees and amount provided to each payee						each payee (\$	)						
List the following inform	ation of ea	ch payee:				<b>T</b>							
	Employee? Employe (Y/N) (if employ		ee # (if non-er		N#								
Name / Participant ID					0+ within	Recipien	t Signature/ Initial	Amount (\$)					
		, , ,			ar year)								

If more space is required	l, attach	n an additio	nal list							Sub	totals (	\$)		
					T	otal dolla	ar amou	nt o	f gift car	ds distri	buted (	\$)		
						Dol	lar amou	ınt c	of gift ca	rds rem	aining (	\$)		
D. Authorization														
Contact Information (who to contact regarding this	form)	Name							Email					
Authorizer/ PI Name							Witnes Name	SS						
Signature (ink signature required)		Witnes Signatu												
COMPANY: ACCOUNTING	UNIT:		ACCOUNT: SUB-ACCO				UNT	JNT ACTIVITY:						
By signing the above section, I certify that the gift cards have been distributed. If the payee's name is confidential, I confirm that identifying information will be securely kept as a part of research documentation and that this information will be provided to CRA as required for audit. I will maintain a copy of this information and forward identifying information to Research Finance for any payee who received a cumulative amount greater than \$500 in any calendar year.							By signing the second above, I certify that I witnessed the disbursement of the above gift cards to the number of people listed.							
ALONG WITH THIS FORM	, PLEASE	INCLUDE YOU	UR PROC			T, INCLUDI , IF USED.	ING RECEI	РТ О	F GIFT CA	RD PURCH	IASE AND	CRE	DIT CAR	RD