



GIFT CARD APPROVAL FORM INSTRUCTIONS

For each question on the Gift Card Approval Form, you will find corresponding instructions and additional information below to help you understand what information is needed on the form.

- 1a. What is the name of your program in 30 characters or less?
- 1b. If this gift card program is associated with an IRB project, please provide the IRB number.
- 1c. Please use this space to elaborate on what this program is intended to do. If you need more space than this form allows, please feel free to include a supplemental document with your additional information.
- 1d. How does this program benefit the University? If you need more space than this form allows, please feel free to include a supplemental document with your additional information.
- 1e. Why are gift cards needed to facilitate the goals of this program? If you need more space than this form allows, please feel free to include a supplemental document with your additional information.
- 1f. When is the first day gift cards will be given to individuals?
- 1g. Is this gift card program going to take place just one time? If so, answer "Yes".
- 1h. If distributing gift cards through this program will happen more than one time, please select the frequency by which gift cards will be distributed to individuals.
- 2a. Please select the type of recipient who will receive gift cards from the list provided.
 - ***NON-EMPLOYEE:** Individual DOES NOT have a current active HR status. Individual is receiving an award or prize. Could be an individual outside the University or student.
 - ***RESEARCH PARTICIPANT:** Individual receiving compensation or reimbursement for completing an Institutional Review Board study. Could be an individual outside the University, faculty, staff, or student.
 - ***EMPLOYEE (As part of job):** Individual DOES have a current active HR status. Individual is receiving an award for reason connected with job duties as a University employee. Could be a faculty, staff or student.
 - ***EMPLOYEE (NOT as part of job):** Individual DOES have a current active HR status. Individual is receiving a prize for a reason not connected with job duties as a University employee. Could be a faculty, staff or student.
- 2b. How large is the population of individuals who could receive a gift card?
- 2c. Of the larger population of potential gift card recipients, how many will actually be selected during each gift card distribution occurrence?
- 2d. Please explain the methodology used to determine which individual(s) will be selected to receive gift cards. If you need more space than this form allows, please feel free to include a supplemental document with your additional information.
- 2e. What is the maximum dollar value of gift cards an individual can receive per distribution?



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For each question on the Gift Card Approval Form, you will find corresponding instructions and additional information below to help you understand what information is needed on the form.

- 3a. Do you prefer to use gift cards offered through the Show-Me-Shop's National Gift Card Program, The Mizzou Store, or some other form of gift card?
- 3a.i. If you are using SMS's National Gift Card Suppliers or "Other", type in the name of the Gift Card Supplier(s).
- 3a.ii. If you have not selected a Show-Me-Shop National Gift Card or a Mizzou Store gift card, please give a brief explanation of why you selected "Other". If you need more space than this form allows, please feel free to include a supplemental document with your additional information.
- 4a. The Gift Card Program Administrator should be an authorized signer on the chartfield where gift cards will be charged. He/she is the individual responsible for overseeing a gift card granting program at the department-level. He/she is responsible for authorizing transactions (purchases and distributions of cards) within program guidelines. The Gift Card Program Administrator must be separate from the Gift Card Program Custodian and Record Keeper.
- 4b. The Gift Card Program Custodian is the individual responsible for the safekeeping of the gift cards. He/she ensures gift cards are appropriately stored and distributed to proper individuals. The Gift Card Program Custodian must be separate from the Gift Card Administrator and Record Keeper.
- 4b.1. Please explain where gift cards will be kept and what type of locking mechanisms will be in place. If you need more space than this form allows, please feel free to include a supplemental document with your additional information.
- 4c. The Gift Card Program Record Keeper is the individual responsible for maintaining records of card purchases, inventory, and distributions in compliance with Business Policy Manual BPM-216. The Gift Card Program Record Keeper must be separate from the Gift Card Program Administrator and Custodian.
- 5a. What is the MoCode where Gift Card Purchases will be charged?
- 6a. The log needs to be send to APSS on a quarterly basis.
***Accounts Payable Shared Services
325 Jesse Hall
Columbia MO, 65211***
- Please provide the name of the employee who will be sending it to APSS. Only remit a COPY of the Gift Card Log. Originals (including receipts) must be retained in the department in accordance with University security and records retention polices.
- 7a. Print this form to PDF or paper to obtain signature acknowledgement. The Program Administrator must approve this form prior to submission. Hover over 4a for more information.
- 7b. Print this form to PDF or paper to obtain signature acknowledgement. The Chancellor or Chancellor Delegate must approve this form prior to submission if Gift Cards are given as part of an employee award program as indicated per BPM 220.



GIFT CARD APPROVAL FORM

- This form is used to document a gift card program and purchase plan in accordance with [BPM-220](#) and [BPM-216](#).
- For Show-Me-Shop's (SMS) National Gift Card (NGC) program: Attach this form by using the [Line Comments-Add Attachment](#) feature. For a listing of SMS NGC suppliers, click [HERE](#).
- If requesting pre-approval or exception from SMS, forward this form to muacctgpaymethodapp@missouri.edu.

1. Gift Card Program Information:

- What is the name of the program?
- If applicable, what is the IRB#?
- What is the purpose of the program?
- How does the program benefit the University?
- Why are Gift Cards needed as part of the Program?
- What is the start date of the program?
- Is this Gift Card distribution a one time event?
- If no, what is the distribution frequency?

2. Gift Card Recipient Information: (Per occurrence)

- As part of the program, who will receive Gift Cards?
- How many individuals will be eligible for Gift Cards?
- How many individuals will receive Gift Cards?
- How will those who receive Gift Cards be selected?
- What is the Gift Card dollar value given to each individual?

3. Type of Gift Card Information:

- Which type of Gift Card Supplier do you prefer?
 - What are the company names of Gift Card Suppliers?
 - If "Other" why weren't NGC or Mizzou Store used?

4. Gift Card Program Key People Information:

- Name of Gift Card Program Administrator?
- Name of Gift Card Program Custodian?
 - How will Gift Cards be safeguarded until distributed?
- Name of Gift Card Program Record Keeper?

5. Gift Card Program MoCode Information:

- What is the MoCode Gift Cards will be charged to?

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6. Gift Card Program Log Information:

- Who will send log via campus mail to APSS quarterly?

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7. Gift Card Program Authorizations/Signatures:

- Program Administrator (**REQUIRED**)
- Chancellor/Delegate (**IF EMPLOYEE AWARD**)

*****FOR OFFICE USE ONLY***:**

- Campus Accounting Authorization/Signature:
- Supply Chain CRM Authorization/Signature:
- Additional Authorization/Signature:
