SOUTHERN ADVENTIST UNIVERSITY

Gift Card Request Form

Date: _____

Requester Information:

- Full Name: _____ ID Number: _____
- Department: _____ Position/Title: _____
- Purpose of Gift Card/Voucher (e.g., Employee Appreciation, Promotional Activities, Gift):

  _____
- Special Instructions or Notes:

  _____

Recipient Information (recipients of gift cards may be taxed):

- _____
  - A detailed recipient log will be provided when you receive your gift cards from Accounting.

Gift Card (*1-week notice needed*)

Vendor: _____

Vendor Options: **Zift** – Multiple vendors available upon online redemption
(Available in $20, $25, $35, $50 increments)

Village Market, Amazon, Walmart, Subway, Taco Bell
(Available in $10, $15, $25, $50 increments)

- Quantity: _____ Amount: _____

Preferred Pick-up Date: _____

Supervisor's Signature: _____ **Date:** _____

VP's Signature: _____ **Date:** _____

Submission Instructions:

- Please submit this completed form to Human Resources for approval.
- Once approved, Accounting will contact you for pickup.
- Please refer to the "SAU Gift Card Policy" for guidelines and procedures

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OFFICE USE ONLY

HR Approval:

- Approved By: _____
- Approval Date: _____

Accounting Use Only:

Picked up by: _____