## **SOUTHERN ADVENTIST UNIVERSITY**

## Gift Card/Voucher Request Form

Requester Information:  Full Name: 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.  Request Type:  [] Meal Voucher Quantity: Face Value: [] Southern Branded Item Voucher Quantity: Face Value: [] Southern Branded Item Voucher Quantity: Face Value: [] (Not to exceed: \$10, \$15, \$25, \$50) (To be reclemed at the Village Market)  [] Gift Card (1 week notice needed) Quantity: Face Value: [] Gift Card (1 week notice needed) Vendor: [] Village Market, Amazon, Walmart, Olive Garden, Cheesecake Factory, Subway, Taco Bell)  Supervisor's Signature: Date:  VP's Signature: Date:  VP's Signature: Date:  VP's Signature: Date:  Approved, Accounting will contact you for pickup. Please refer to the "SAU Gift Card Policy" for guidelines and procedures  FIGURE ONLY  HR Approval: Approved By: Approved By: Approved Date:  Accountfic St Code: Total Amount: Date Issued Subus Issued By: Subcustice: Su	Date:		
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