

SOUTHERN ADVENTIST UNIVERSITY

Gift Card/Voucher 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.

Request Type:

- ☐ Meal Voucher
 - Quantity: _____ Face Value: _____ (Not to exceed: \$5, \$10)
(To be redeemed at the Café, The Garden, CK2 or Kayak)
- ☐ Southern Branded Item Voucher
 - Quantity: _____ Face Value: _____ (Not to exceed: \$10, \$15, \$25, \$50)
(To be redeemed at the Village Market)
- ☐ Gift Card (1 week notice needed)
 - Quantity: _____ Face Value: _____ (\$10, \$15, \$25, \$50)
 - Vendor: _____ (Village Market, Amazon, Walmart, Olive Garden, Cheesecake Factory, Subway, Taco Bell)

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

OFFICE USE ONLY

HR Approval:

- Approved By: _____
- Approval Date: _____

Accounting Use Only:

- Account/Cost Code: _____
- Total Amount: _____
- Date Issued: _____
- Issued By: _____
- Issued To: _____