SOUTHERN ADVENTIST UNIVERSITY

Meal or Branded Item Voucher Request Form

Date: _____

Requester Information:

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

  _____

  _____
- Special Instructions or Notes:

  _____

Recipient Information:

- _____

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)

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:

- Issued To: _____