

Gift Card Request Form

Cardholder's Name: Department: Purpose:			Phone:						
					How many	cards are neede	d?		
					Card Type		Card Amount	Qty of Cards	Total \$ Amount
Totals									
Fund/Acco	ounting Informati	on							
			_ <u>H</u>	\$					
Fund	SubFund	Org	Object Codes	Amount					
Fund	SubFund	Org	<u>H</u> Object Codes	\$ Amount					
Distribution	of Prizes" found on a. You will be notified	the GSC website. Email t	d Procedures" and the "Proce his form to the Pcard Coord has been approved. Do not p	linator. Keep a duplicate copy					
Cardholder Signature			Date						
	To be	completed by WV State	Auditor's Office Pcard Di	vision					
Pcard Divis	ion:								
Approval			Denied:						
		stitution can proved docum	P-Card for the request to purel nentation of its authority for the archasing policies, and other g	his type of expenditure, if					
adhered to.	ia an apphendic law	s, raios ana regulacións, po	siemaning ponicies, and other g	,o .c.ming moduments are					

Please also keep a record of the student's name and contact information who receives the card as well as the normally required p-card transaction documentation.