

CSUSM CORPORATION GIFT CARD DISTRIBUTION LOG AND RECONCILIATION

This form must be used to record the disbursement of gift cards. Once completed, a scanned copy must be submitted to CSUSM Corporation, along with the approved gift card request.

Requestor Name:	
Principal Investigator or Project Director:	
Project #:	
IRB Protocol # (if applicable):	
Gift Card Request Form Number:	
Gift Card Request Quantity and Amount (total):	

Do you have remaining cards?	
Dollar amount and # of Cards remaining:	
Provide reason for not distributing cards:	
What is the plan for distributing these cards?	

Employee Recipients (Including Student Assistants): Please note that per IRS Guidelines, gift cards, certificates and online vouchers, no matter how small, are always taxable to the employee as wages.

	Printed Name of Recipient (or Study Subject/Participant ID Code)	Student ID/Employee ID (on campus recipients) or Email Address	Relationship to CSUSM (Employee, Student, Community Member)	Card #	Store/Vendor	Purpose	Gift Card Amount	Recipient Signature	Date Received
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									

* Use additional pages if needed

TOTAL AMOUNT DISTRIBUTED:

Attachments? ___ Yes ___ No

If yes, describe attachment(s)

I certify that the above log is true and correct. I understand that I will be responsible for repaying CSUSM Corporation in the event any of the incentives were accounted for improperly or inaccurately.

Requestor Signature

Date