# CSUSM Corporation Gift Card Request

## Form walkthrough

### Requesting gift cards

1. **Start from the [CSUSM Corporation Gift Card web page](#)**

2. **Click the Gift Card Request Form button to begin your request.**

3. **Choose the appropriate purpose for this purchase.**

   - Employee/Student Recognition
   - Retirement Gift
   - Opportunity Drawing
   - Survey or Activity Participation/Incentive
   - Other

4. **Enter a detailed description of the purpose of this gift card purchase.**

   *Purpose Details*

   Please be as detailed as possible, request may be rejected if there is not enough detailed information provided. Note: Gift Cards should be infrequent and cannot be used to compensate employees, independent contractors, volunteers, or other individuals for services/work performed.

   Enter your answer

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*Failure to provide sufficient detail may be grounds for the request being rejected.*
5. Enter a detailed explanation of how this purchase supports the mission of CSUSM & CSUSM Corporation.

*Failure to provide sufficient detail may be grounds for the request being rejected.*

How does this gift card support the mission of CSUSM and/or CSUSM Corporation? *

Please be as detailed as possible. Request may be rejected if there is not enough detailed information provided.

Enter your answer

6. Enter the date or dates when the cards will be distributed.

These dates must be within 30 dates of when this request is submitted. If you intend to distribute gift cards further that 30 days out you will need to wait and complete a separate request.

Date(s) of Distribution *

Please list all dates that apply. Must be within 30 days of Request Approval.

10/31/20

7. Enter the names if who will purchase and distribute the gift cards, if it is not the person submitting this request.

5. Name of purchaser (if different from requester)

Enter your answer

6. Name of person distributing cards (if different from requester)

Enter your answer

8. Enter the CSUSM email address of the supervisor of the project for these gift cards. If you are the supervisor of the project, enter your one-up supervisor.

Please check the email for accuracy/spelling. Email typos are one of the top reasons for forms being delayed, if you typo here you will need to re-submit the whole form.

7. Please enter the email address for your supervisor: *

*NOTE: Must be complete email address including @csusm.edu*

Enter your answer
9. Indicate whether you have fiscal authority.

If you do not have fiscal authority, on the next screen you will be asked to enter the email address of the person who has fiscal authority.

10. Enter the names of the individuals who will receive the gift cards.

For convenience, you can attach a list of names during the signing process.

11. Indicate how the card recipients are related to campus.

12. Indicate whether you will be using an OSP (85xxx) Project for funding, or conducting research on human subjects.

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<table>
<thead>
<tr>
<th>9. Does your supervisor have fiscal authority for this project? *</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Yes</td>
</tr>
<tr>
<td>○ No</td>
</tr>
</tbody>
</table>

9. Please enter the email address for the person who has fiscal authority for this project? *

*NOTE: Must be complete email address including @usc.edu*

Enter your answer

<table>
<thead>
<tr>
<th>10. Recipient Names *</th>
</tr>
</thead>
<tbody>
<tr>
<td>If known, Names must be included in the recipient log submitted within 10 days of final card distribution.</td>
</tr>
</tbody>
</table>

Enter your answer

<table>
<thead>
<tr>
<th>11. Recipient Relationship to Campus *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gift cards may not be purchased to pay/compensate employees, student employees, independent contractors, volunteers, or other individuals for services/work performed</td>
</tr>
<tr>
<td>○ Staff</td>
</tr>
<tr>
<td>○ Faculty</td>
</tr>
<tr>
<td>○ Student</td>
</tr>
<tr>
<td>○ Community Member</td>
</tr>
<tr>
<td>○ Volunteer</td>
</tr>
<tr>
<td>○ Other</td>
</tr>
</tbody>
</table>

11. Will you be using an 85xxx project number or conducting research on human subjects? *

*Yes

No
13. (Only applicable if you are using an OSP Project or performing human subject research)

Enter the email address of your Sponsored Project Analyst.

Enter the relevant IRB Net # for your project, and attach your IRB Approval.

Contact your SPA if you have questions about IRB documents and requirements.

13. For 85xxx projects, enter the SPA’s email address *

   NOTE: Must be complete email address including @csusm.edu

   Please enter the email address only for the SPA.

   SPA Email Addresses:
   cobermiller@csusm.edu
   kaskew@csusm.edu
   tbeckwith@csusm.edu
   zweaver@csusm.edu

   Enter your answer

14. IRB Net # *

   Enter your answer

15. Please upload your IRB Approval (Non-anonymous question ☑) *

   An IRB must be uploaded. Please contact your SPA if you have any questions.

   File number limit: 1  Single file size limit: 100MB  Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

   Upload file
14. Enter the accounting chartfield where the gift card purchase will be charged.

**Chargeback Info**

The chartfield entered below will be charged the cost of the gift cards.

- **Account#**: Enter 6 Digits
  - 680003

- **Fund#**: Enter 5 Digits
  - 92001

- **Department #**: Enter 4 Digits
  - 1330

- **Project #**: Enter 5 Digits
  - 81500

Class

Enter 5 Digits

Enter your answer

15. Indicate whether this gift card purchase passes the threshold for additional CORP approvals.

For 81xxx and 86xxx projects: Are any of the gift cards you are purchasing over $50 or is the total of all the cards being purchased over $300? *

- [ ] Yes
- [ ] No

Do you have an approved exemption for this request? (All exemptions must be approved via memo before submitting this form. For more information on the exemption process, visit the CSUSM Corporation Gift Card webpage. You will be asked to attach your approved exemption during the signing portion of this request.) *

- [ ] Yes
- [ ] No

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requirements see the CSUSM Corporation Gift Card web page.

16. Enter the details of the gift cards you intend to purchase:

Vendor: What company can the gift cards be redeemed at? Ex: Walmart, Amazon, CSUSM Bookstore, etc.

Number of Cards: How many cards for this vendor and this dollar amount will you be purchasing?

Dollar Value: How much money will be loaded onto each individual card?

If you need to enter gift cards with different amounts or different vendors, choose “Yes” and repeat this process as needed.

17. Enter any additional notes or comments as needed

18. By checking this box you acknowledge that you are familiar with the requirements of the CSUSM Cash Handling Policy and will store and handle these gift cards as though they were cash.

I acknowledge that I will keep possession of the cards in a secure location in accordance with the CSUSM Cash Handling Policy until distributed. *

19. Gift Card Vendor *

Enter your answer

20. Number of Cards *

The value must be a number

21. Dollar Value of Each Card *

Dollar value for each card must be the same. If you have cards that are different values, but from the same vendor, please choose “Yes” from the question below and enter the card details on the next screen.

The value must be a number

22. Do you have any other gift cards from any other vendors or gift cards of a different value from the same vendor? *

☐ Yes

☐ No

23. Additional Comments/Notes

Enter your answer
19. By checking this box you acknowledge that you are familiar with the CSUSM Corporation Gift Card Purchasing Procedures and will abide by them.

As specified in the Gift Card Purchasing Procedures, failure to follow these procedures and all other CSUSM Corporation policies and procedures may lead to consequences including recovery of card cost, suspension of ProCard, disciplinary action and/or dismissal.

I certify that this gift card complies with the CSUSM Corporation Gift Card Purchasing Procedures. I understand that failure to follow these procedures and all other CSUSM Corporation policies and procedures may lead to consequences including recovery of card cost, suspension of ProCard, disciplinary action and/or dismissal.

☐ Acknowledge

20. Upon submitting your request, the system will generate the form and submit it through the AdobeSign system for routing.

Thanks!

Thank you for submitting your Gift Card Request. Your request has been sent for approval.
21. The requestor will receive an email to open the form in the AdobeSign system and review that all information is accurate before sending it on for approvals.

If any attachments are needed (such as IRB documentation or Exemption Memo), the requestor must upload them now before sending the form on for approvals.
Approvers will receive an email to approve using the standard AdobeSign process.

If the approver chooses to decline to approve, they are required to type a reason for their rejection.
23. If your form is rejected by any approvers, you will receive an email notification including any Reason information entered by the approver.

Gift Card Request Rejected - ID: 177

Hello,

Your Gift Card Request was denied by Justin Cox

Here are the comments left by the reviewer: TEST FORM, REJECTING