

WSU COLLEGE OF NURSING

**Gift Cards Template for Purchasing Card Exception Request**

**Last 4 Digits of PCard Number:**

**Cardholder Name:**

Request Date:

Need by Date:

Merchant Name:

Total Transaction Amount:

Quantity of Gift Cards:

Value of Each Card:

Principal Investigator:

Program:\_\_\_\_\_ Budget:\_\_\_\_\_ Project:\_\_\_\_\_ Grant Name:

**Purpose of Gift Cards:**

Compensate participants for their feedback and input related to the grant study.

Other, please explain:

**Is the purchase of gift cards for this purpose an expense specifically allowable by funding?**

**If YES, select ALL that apply:**

Gift cards as participant incentives are permitted in the budget narrative as well as the grant award.

Incentives such as gift cards are necessary to generate interest among study populations and are specifically mentioned in the grant proposal.

Grantee has approved participant gift cards in grant budget for the purpose of participant incentives.

Since feedback is desired for the completion of segments on a variety of projects within the grant, incentives are necessary.

IRB has approved that funds be used to purchase gift cards for study.

Other, please explain:

**How will you record distribution of the cards? Name of recipient, WSU ID, value of card and date received must be recorded and retained with Purchasing Card documentation.**

A spreadsheet will be used to track participant number, date of distribution and RA that distributed the gift card.

Other, please explain:

*The Business Office requests that only the number of gift cards that will be awarded within 30-60 days be purchased at one time. All accounting of the prior awarded gift cards should be completed before additional purchases are made. Please complete the following:*

When will the gift cards begin being issued to participants?

How many participants do you have currently?

What other denominations of gift cards will be disbursed?

How many gift cards do you anticipate will be awarded per participant per week?

If additional gift cards are being requested that exceed the 30-60 day quantity, please state the reason.

*WSU requires that you provide a disbursement log and maintain supporting documentation of participants. CON requires an electronic disbursement log be sent to [nursing.purchasing@wsu.edu](mailto:nursing.purchasing@wsu.edu) each time a gift card is awarded. Your signature below represents your agreement to abide by these requirements. Please electronically sign and press SUBMIT to send form to [nursing.purchasing@wsu.edu](mailto:nursing.purchasing@wsu.edu).*

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Approving Official Signature