

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the '**hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



Community Colleges of Spokane

GIFT CARD/CERTIFICATE PURCHASE AUTHORIZATION

Department _____ Budget number _____

Date of purchase _____

Requisition number _____

Vendor name _____

Amount of purchase _____

Detailed description of Items to be purchased:

Detailed description of intended purpose for items purchased:

Purchaser's signature _____

Gift card custodian's name _____

I will maintain the gift card disbursement log, control access to unused cards and submit completed logs to the Accounting/Internal Control department, MS 1006. The log will be kept in my possession and available for review as determined by internal and/or state auditor(s).

Custodian's signature _____

I hereby authorize the use of departmental funds to purchase gift cards/certificates for the intended purpose as listed above. Gift cards/certificates will be purchased and issued in accordance with administrative procedure 5.30.05-E, Gift Card Purchases.

Administrator's/manager's signature _____

Date _____