

## University of Baltimore Gift Card/Certificate Report

Department: \_\_\_\_\_

I certify I received the gift card/certificates listed below:

Gift card name (i.e. Target, Applebee's)	Card amount	Card serial #	Recipient printed name and address	Recipient Signature & EmpID/Student ID/SSN	Date

Purpose of gift card(s) \_\_\_\_\_

Purchase Order # \_\_\_\_\_

Statement of Compliance:

I certify the gift cards/certificates listed on this form will be used only for the purpose stated in the approved acquisition justification. I further acknowledge and certify that I shall be personally responsible for distribution of the cards, and recording the required information from the recipients. I understand and agree that failure to account for the gift cards/certificates may result in disciplinary action against me. Misuse or negligence in safeguarding the items is subject to disciplinary action up to and including dismissal. Additionally, the State of Maryland, reserves the right to refer instances of abuse which violate other statutes to the appropriate law enforcement agency. The State reserves the right to collect from the employee the cost of all unaccounted for items, via payroll deduction or any other collection process.

Signature of requestor/distributor: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Verified by (print full name) : \_\_\_\_\_

Verifier Signature & Date: \_\_\_\_\_

