GIFT CARD STATEMENT OF RESPONSIBILITY

When I receive custody of gift cards, I understand that as the Responsible Employee I am responsible to hold, disburse and track them in accordance with University policies and procedures. Specifically, I understand that these responsibilities include:

1. I will only disburse the gift cards for the purpose noted and will not disburse the gift cards to anyone related to me.
2. I will track the required information for all gift card recipients on The Gift Card Log
3. I will submit a complete Gift Card Log to the Controller’s Office by the earliest of the following: a) ten (10) business days after disbursement b) sixty days after gift cards were purchased from the Cashier’s Office, or c) November 15 of the current calendar year.
4. I will maintain custody of the cards in a secured location with limited access until they are disbursed.
5. I will maintain any tax information obtained on the Gift Card Log in a secured location with limited access.
6. If holding the gift cards for more than one week, I understand that I need to inventory the unused gift cards on a weekly basis to ensure they are all accounted for.
7. I will notify the recipient that if he or she is an employee of the University within the same calendar year or is not an employee but has received more than $600 from the University for services in the calendar year, the value of the gift card will be included in annual tax reporting as taxable income. If the recipient is an employee, the relevant amount of tax will be withheld from his or her paycheck.
8. I am responsible for the gift cards. Any shortages will be reported immediately to the Controller. I understand that I may be held personally responsible for any shortfall or misappropriation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Responsible Employee Department Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name of Responsible Employee Phone Number