

How to Make a Change to an Approved Gift Card Program

Use this Step-by-Step guide to make a change to an already approved gift card program.

Requests should be submitted and approved BEFORE they are implemented.

Changes can include any/a combination of the following:

New Custodian, New Speedtype, Change Location, Change Amount, and Extend End Date.

Required Documentation for Update Requests:

- **Change Form** – Use the [Gift Card Authorization Request](#) Form
- **Approval Documentation** – Fully signed gift card program request & any additional approved update requests
- **Tracking Logs** – Showing gift cards purchased, distributed, and on-hand.
- **Receipts from purchase/distribution**
- **Updated Internal Controls**

How to fill out the Form for the following Changes:

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1. Change Custodian –

- a. Check the box 'Change Custodian' (Shown Below)

 University of Colorado Boulder Colorado Springs Denver Anschutz Medical Campus Procurement Service Center (PSC)		Effective Date: 02/01/2015 Gift Card Authorization Request (GC)
Purpose: Used to request the establishment or modification of a gift card program, and to accept custody of that program. For guidance, see the PSC Procedural Statement Gift Cards and, as appropriate, the PSC Procedural Statements Recognition & Training or Study Subject Payments.		
Action Requested: <input type="checkbox"/> Create New Gift Card Program OR <input type="checkbox"/> Change SpeedType <input type="checkbox"/> Change Location <input type="checkbox"/> Change Amount <input checked="" type="checkbox"/> Change Custodian		Controller Office Use Only: <input type="checkbox"/> Close Gift Card Program Date / Initials: _____

- b. Fill in the current custodian's information:

To Establish a New Gift Card Program	
Organizational Unit Name:	Custodian Name: First & Last Name
Exact address where cards will be located:	Custodian Employee ID #: CU Employee ID #
	Custodian Phone: Phone #
	Custodian Email: Work Email Address
	Custodian Campus Box: Campus Mail Box #
Purpose of Gift Card Program:	SpeedType: _____
Card Type (ex: Target):	Account: _____
Card Denominations:	Account: _____
Average # of cards dispensed per week:	<input type="checkbox"/> Other account than those listed above Account: _____
Period of time over which cards will be purchased & distributed:	Total \$ amount of cards to be purchased: _____
Start Date: _____ End Date: _____	Maximum \$ amount per individual per calendar year: _____
Will any of the recipients be non-resident aliens? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Will this be used for study subject payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If used for study subject payments:</i> What is the type of protocol? <input type="checkbox"/> Exempt (Anonymous) <input type="checkbox"/> Expedited (Minimally Invasive) <input type="checkbox"/> Full-Board (Invasive)	

- c. Fill in the requested New Custodian's Information:

To Modify an Existing Gift Card Program (complete only the fields to be changed)	
<i>Attach copy of the initial Gift Card Authorization Request (GC) form</i>	
New SpeedType:	New Custodian Name: First & Last Name
If requesting change in original card location or program amount, explain:	New Custodian Employee ID #: CU Employee ID #
	New Custodian Phone: Phone #
	New Custodian Email: Work Email Address
	New Custodian Campus Box: Campus Mail Box #
<i>If requesting change in custodian, new custodian's signature below verifies gift card program amount and assumes responsibility for program from former custodian.</i>	

- d. Requested New Custodian & Organizational Unit Authorized sign
 - a. Organizational Unit Authorizer should be from a manager or approver listed on the speedtype.

Certification & Authorizing Signatures			
<i>New Custodian Signature</i>	Date	<i>Organizational Unit Authorizing Signature</i>	Date
Custodian Signature	Date	Organizational Unit Authorizing Signature	Date

Send Completed Update Request Form, Original Approval for the Gift Card Program, and Additional supporting documentation to pcgc@ucdenver.edu. Wait for approval before implementing this change.

2. Change Speedtype –

- a. Check the box 'Change SpeedType' (Shown Below)

Action Requested:		Controller Office Use Only:	
<input type="checkbox"/> Create New Gift Card Program	OR	<input checked="" type="checkbox"/> Change SpeedType	<input type="checkbox"/> Change Location
		<input type="checkbox"/> Change Amount	<input type="checkbox"/> Change Custodian
		Date / Initials: _____	

- b. Fill out the information for the gift card program:

To Establish a New Gift Card Program			
Organizational Unit Name:	Department/Division Name	Custodian Name:	First & Last Name
Exact address where cards will be located:	Location where cards will be stored. (Address, Building, Room #, etc.)	Custodian Employee ID #:	CU Employee ID #
		Custodian Phone:	Phone #
		Custodian Email:	Work Email Address
		Custodian Campus Box:	Campus Mail Box #
Purpose of Gift Card Program:	Detailed purpose for the gift cards	SpeedType:	Speedtype
Card Type (ex: Target):	Type(s) of card(s)	Account:	Select account code(s) from drop down menu
Card Denominations:	Dollar amount(s) of Gift Cards	Account:	
Average # of cards dispensed per week:	# Per week	<input type="checkbox"/> Other account than those listed above	Account:
Period of time over which cards will be purchased & distributed:		Total \$ amount of cards to be purchased:	Total \$ Amt for GC Program
Start Date: <input type="text"/>	End Date: <input type="text"/>	Maximum \$ amount per individual per calendar year:	Total \$ Amt a person receiving gift card(s) could receive in a calendar year

- c. Fill in the Requested New Speedtype in the 'To Modify an Existing Gift Card Program' Section:

To Modify an Existing Gift Card Program (complete only the fields to be changed)	
Attach copy of the initial Gift Card Authorization Request (GC) form	
New SpeedType: New Speedtype	New Custodian Name:
If requesting change in original card location or program amount, explain:	New Custodian Employee ID #:
	New Custodian Phone:
	New Custodian Email:
	New Custodian Campus Box:
If requesting change in custodian, new custodian's signature below verifies gift card program amount and assumes responsibility for program from former custodian.	

- d. Custodian & Organizational Unit Approver Sign the form:

Certification & Authorizing Signatures			
<p>I certify that the above information is correct and that this gift card program will be used in accordance with all fiscal rules governing its use. I have read and understand the PSC Procedural Statements identified in the Purpose, above, and will comply with them and all other applicable policies. Furthermore, I will comply with the following provisions:</p> <ul style="list-style-type: none"> I will establish controls over the gift cards so there is limited access to them and maintain the minimum quantity of inventory on hand that is effective for business. When the program is nearing completion, I will reduce gift card inventory to a sufficient level in order to ensure there are no cards left over when the program ends. (Gift cards are often difficult to return.) I will maintain adequate records on who gets gift cards so the process can successfully undergo an audit. I will have study subjects sign a receipt form acknowledging receipt of the gift card. Or, to protect patient confidentiality, I will maintain a list showing for each card issued the date, patient number, card number, amount of the card, and have the patient initial the line. For study subject payments in full-board protocols (invasive); if payments to a single individual will equal \$100 or more per year, I will have them fill out and sign the IFS W-9 form to collect identification for tax reporting. If the gift cards will be charged against a sponsored project or a gift fund, I certify that this is an allowable expense, complies with sponsor and donor restrictions, and is within approved budgets and available funding. I will make gift cards and records available for audit by properly identified campus controller's office personnel or external auditors. 			
Custodian Signature	Date	Organizational Unit Authorizing Signature	Date
Custodian Signature	Date	Organizational Unit Authorizing Signature	Date

Send Completed Update Request Form, Original Approval for the Gift Card Program, and Additional supporting documentation to pcgc@ucdenver.edu. Wait for approval before implementing this change.

3. Change Amount –

a. Check the box 'Change Amount' (Shown Below):

Action Requested:		Controller Office Use Only:	
<input type="checkbox"/> Create New Gift Card Program	<input checked="" type="checkbox"/> Change Amount	<input type="checkbox"/> Change SpeedType	<input type="checkbox"/> Change Location
	<input type="checkbox"/> Change Custodian	<input type="checkbox"/> Close Gift Card Program	Date / Initials: _____

b. Fill out information for the gift card program, including the amount change:

To Establish a New Gift Card Program			
Organizational Unit Name:	Department/Division Name	Custodian Name:	First & Last Name
Exact address where cards will be located:	Location where cards will be stored. (Address, Building, Room #, etc.)	Custodian Employee ID #:	CU Employee ID #
		Custodian Phone:	Phone #
		Custodian Email:	Work Email Address
		Custodian Campus Box:	Campus Mail Box #
Purpose of Gift Card Program:	Detailed purpose for the gift cards	SpeedType:	Speedtype
Card Type (ex: Target):	Type(s) of card(s)	Account:	Select account code(s) from drop down menu
Card Denominations:	Dollar amount(s) of Gift Cards	Account:	
Average # of cards dispensed per week:	# Per week	<input type="checkbox"/> Other account than those listed above	Account:
Period of time over which cards will be purchased & distributed:		Total \$ amount of cards to be purchased:	\$ Amount Change
Start Date:	Date	End Date:	Date
		Maximum \$ amount per individual per calendar year:	Total \$ Amt a person receiving gift card(s) could receive in a calendar year

c. Fill in the 'To Modify an Existing Gift Card Program' Section for changing a program amount:

To Modify an Existing Gift Card Program (complete only the fields to be changed)	
Attach copy of the initial Gift Card Authorization Request (GC) form	
New SpeedType:	
If requesting change in original card location or program amount, explain:	Increase gift card program from \$xxx to \$xxx, and rationale
New Custodian Name:	
New Custodian Employee ID #:	
New Custodian Phone:	
New Custodian Email:	
New Custodian Campus Box:	
If requesting change in custodian, new custodian's signature below verifies gift card program amount and assumes responsibility for program from former custodian.	

d. Custodian & Organizational Unit Authorizer sign the form

Certification & Authorizing Signatures			
<p>I certify that the above information is correct and that this gift card program will be used in accordance with all fiscal rules governing its use. I have read and understand the PSC Procedural Statements identified in the Purpose, above, and will comply with them and all other applicable policies. Furthermore, I will comply with the following provisions:</p> <ul style="list-style-type: none"> I will establish controls over the gift cards so there is limited access to them and maintain the minimum quantity of inventory on hand that is effective for business. When the program is nearing completion, I will reduce gift card inventory to a sufficient level in order to ensure there are no cards left over when the program ends. (Gift cards are often difficult to return.) I will maintain adequate records on who gets gift cards so the process can successfully undergo an audit. I will have study subjects sign a receipt form acknowledging receipt of the gift card. Or, to protect patient confidentiality, I will maintain a list showing for each card issued the date, patient number, card number, amount of the card, and have the patient initial the line. For study subject payments in full-board protocols (invasive): If payments to a single individual will equal \$100 or more per year, I will have them fill out and sign the IRS W-9 form to collect identification for tax reporting. If the gift cards will be charged against a sponsored project or a gift fund, I certify that this is an allowable expense, complies with sponsor and donor restrictions, and is within approved budgets and available funding. I will make gift cards and records available for audit by properly identified campus controller's office personnel or external auditors. 			
Custodian Signature	Date	Organizational Unit Authorizing Signature	Date
Custodian Signature	Date	Organizational Unit Authorizing Signature	Date

Send Completed Update Request Form, Original Approval for the Gift Card Program, and Additional supporting documentation to pcgc@ucdenver.edu. Wait for approval before implementing this change.

4. Change Location

a. Check the box 'Change Location' (Shown Below):

Action Requested: <input type="checkbox"/> Create New Gift Card Program OR <input type="checkbox"/> Change SpeedType <input checked="" type="checkbox"/> Change Location <input type="checkbox"/> Change Amount <input type="checkbox"/> Change Custodian			Controller Office Use Only: <input type="checkbox"/> Close Gift Card Program Date / Initials: _____
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b. Fill out the information for the gift card program:

To Establish a New Gift Card Program			
Organizational Unit Name:	Department/Division Name	Custodian Name:	First & Last Name
		Custodian Employee ID #:	CU Employee ID #
		Custodian Phone:	Phone #
		Custodian Email:	Work Email Address
		Custodian Campus Box:	Campus Mail Box #
Exact address where cards will be located:	Location where cards will be stored. (Address, Building, Room #, etc.)		
Purpose of Gift Card Program:	Detailed purpose for the gift cards		SpeedType: Speedtype
Card Type (ex: Target):	Type(s) of card(s)		Account: Select account code(s) from drop down menu
Card Denominations:	Dollar amount(s) of Gift Cards		Account:
Average # of cards dispensed per week:	# Per week	<input type="checkbox"/> Other account than those listed above	Account:
Period of time over which cards will be purchased & distributed:		Total \$ amount of cards to be purchased:	Total \$ Amt for GC Program
Start Date: Date	End Date: Date	Maximum \$ amount per individual per calendar year:	Total \$ Amt a person receiving gift card(s) could receive in a calendar year

c. Fill in the 'To Modify an Existing Gift Card Program' Section for changing the original card location:

To Modify an Existing Gift Card Program (complete only the fields to be changed)	
Attach copy of the initial Gift Card Authorization Request (GC) form	
New SpeedType:	
If requesting change in original card location or program amount, explain:	Detailed new location for the gift cards and reason for the move.
New Custodian Name:	
New Custodian Employee ID #:	
New Custodian Phone:	
New Custodian Email:	
New Custodian Campus Box:	
If requesting change in custodian, new custodian's signature below verifies gift card program amount and assumes responsibility for program from former custodian.	

d. Custodian & Organizational Unit Authorizer sign the form:

Certification & Authorizing Signatures			
<i>I certify that the above information is correct and that this gift card program will be used in accordance with all fiscal rules governing its use. I have read and understand the PSC Procedural Statements identified in the Purpose, above, and will comply with them and all other applicable policies. Furthermore, I will comply with the following provisions:</i>			
<ul style="list-style-type: none"> I will establish controls over the gift cards so there is limited access to them and maintain the minimum quantity of inventory on hand that is effective for business. When the program is nearing completion, I will reduce gift card inventory to a sufficient level in order to ensure there are no cards left over when the program ends. (Gift cards are often difficult to return.) I will maintain adequate records on who gets gift cards so the process can successfully undergo an audit. I will have study subjects sign a receipt form acknowledging receipt of the gift card. Or, to protect patient confidentiality, I will maintain a list showing for each card issued the date, patient number, card number, amount of the card, and have the patient initial the line. For study subject payments in full-card protocols (invasive): If payments to a single individual will equal \$100 or more per year, I will have them fill out and sign the IRS W-9 form to collect identification for tax reporting. If the gift cards will be charged against a sponsored project or a gift fund, I certify that this is an allowable expense, complies with sponsor and donor restrictions, and is within approved budgets and available funding. I will make gift cards and records available for audit by properly identified campus controller's office personnel or external auditors. 			
Custodian Signature	Date	Organizational Unit Authorizing Signature	Date
Custodian Signature	Date	Organizational Unit Authorizing Signature	Date

Send Completed Update Request Form, Original Approval for the Gift Card Program, and Additional supporting documentation to pcgc@ucdenver.edu. Wait for approval before implementing this change.

5. Extend End Date

a. Write in: "Extend End Date" in the top section of the form (shown below):

Action Requested: <input type="checkbox"/> Create New Gift Card Program OR <input checked="" type="checkbox"/> Extend End Date		<input type="checkbox"/> Change SpeedType <input type="checkbox"/> Change Location <input type="checkbox"/> Change Amount <input type="checkbox"/> Change Custodian	Controller Office Use Only: <input type="checkbox"/> Close Gift Card Program Date / Initials: _____
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b. Fill out information for the gift card program, listing new end date requested:

To Establish a New Gift Card Program			
Organizational Unit Name:	Department/Division Name	Custodian Name:	First & Last Name
Exact address where cards will be located:	Location where cards will be stored. (Address, Building, Room #, etc.)	Custodian Employee ID #:	CU Employee ID #
		Custodian Phone:	Phone #
		Custodian Email:	Work Email Address
		Custodian Campus Box:	Campus Mail Box #
Purpose of Gift Card Program:	Detailed purpose for the gift cards	SpeedType:	Speedtype
Card Type (ex: Target):	Type(s) of card(s)	Account:	Select account code(s) from drop down menu
Card Denominations:	Dollar amount(s) of Gift Cards	Account:	
Average # of cards dispensed per week:	# Per week	<input type="checkbox"/> Other account than those listed above	Account:
Period of time over which cards will be purchased & distributed:		Total \$ amount of cards to be purchased:	Total \$ Amt for GC Program
Start Date:	Date	Maximum \$ amount per individual per calendar year:	Total \$ Amt a person receiving gift card(s) could receive in a calendar year
	End Date: Date		

c. Fill in the 'To Modify an Existing Gift Card Program' Section with the requested new end date:

To Modify an Existing Gift Card Program (complete only the fields to be changed)	
Attach copy of the initial Gift Card Authorization Request (GC) form	
New SpeedType:	
If requesting change in original card location or program amount, explain:	Extend End Date to XX-XX-XXXX
	New Custodian Name:
	New Custodian Employee ID #:
	New Custodian Phone:
	New Custodian Email:
	New Custodian Campus Box:
	<i>If requesting change in custodian, new custodian's signature below verifies gift card program amount and assumes responsibility for program from former custodian.</i>

d. Custodian & Organizational Unit Authorizer sign the form:

Certification & Authorizing Signatures			
<i>I certify that the above information is correct and that this gift card program will be used in accordance with all fiscal rules governing its use. I have read and understand the PSC Procedural Statements identified in the Purpose, above, and will comply with them and all other applicable policies. Furthermore, I will comply with the following provisions:</i>			
<ul style="list-style-type: none"> I will establish controls over the gift cards so there is limited access to them and maintain the minimum quantity of inventory on hand that is effective for business. When the program is nearing completion, I will reduce gift card inventory to a sufficient level in order to ensure there are no cards left over when the program ends. (Gift cards are often difficult to return.) I will maintain adequate records on who gets gift cards so the process can successfully undergo an audit. I will have study subjects sign a receipt form acknowledging receipt of the gift card. <i>Or, to protect patient confidentiality, I will maintain a list showing for each card issued the date, patient number, card number, amount of the card, and have the patient initial the line.</i> For study subject payments in full-board protocols (invasive): If payments to a single individual will equal \$100 or more per year, I will have them fill out and sign the IFS 10-3 form to collect identification for tax reporting. If the gift cards will be charged against a sponsored project or a gift fund, I certify that this is an allowable expense, complies with sponsor and donor restrictions, and is within approved budgets and available funding. I will make gift cards and records available for audit by properly identified campus controller's office personnel or external auditors. 			
Custodian Signature	Date	Organizational Unit Authorizing Signature	Date
Custodian Signature	Date	Organizational Unit Authorizing Signature	Date

Send Completed Update Request Form, Original Approval for the Gift Card Program, and Additional supporting documentation to pcgc@ucdenver.edu. Wait for approval before implementing this change.

To Make Multiple Changes to an Approved Program at once:

- a. Select multiple boxes on the change request form for the necessary changes. See sample below:

Action Requested: <input type="checkbox"/> Create New Gift Card Program	OR	<input checked="" type="checkbox"/> Change SpeedType <input type="checkbox"/> Change Amount	<input type="checkbox"/> Change Location <input checked="" type="checkbox"/> Change Custodian	Controller Office Use Only: <input type="checkbox"/> Close Gift Card Program Date / Initials: _____
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- b. Complete the rest of the form identifying the changes.
- c. Email completed Change Request Form, Original Approval for the gift card program & approved update requests, and additional supporting documentation to pcgc@ucdenver.edu. Wait for approval before implementing changes.

Questions can be emailed to pcgc@ucdenver.edu