

Gift Card Form

Recipient Information				
Name			. ID	
Street Address				
City		State	Zip Code	
Phone —	- Email —			
Recipient Signature (Confirmation of Gift Card Receipt)			Date	
Gift Card Information				
Purchased from				
Date of Purchase			Amount	
Department Information				
Describe the purpose of the gift card.				
IRB Name		IRB Number		
Prize		☐ Recognition		
Describe the University's business need for the gift card.				
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- ► Send the completed form to payroll@uta.edu. Attach applicable documents to the ProCard documentation.
- If the gift card is \$25 or more and given to a student, this form must be emailed to schol@uta.edu.