

eRequest #: _____

As a Custodian of Gift Cards, by signing this I agree to be held accountable for adherence to OSU and College policies and procedures including the following:

- Assure funds are maintained in a secure, locked location with access limited to the custodian
- Maintain up-to-date and appropriate documentation.
- Count the gift cards monthly and reconcile against the disbursed amounts.
 - Documentation supporting this reconciliation is due to the Department Fiscal Officer on the last working day of the month
 - Failure to submit this documentation will result in revocation of the gift cards
 - Notify the department fiscal officer immediately, in writing, of any discrepancy in the amount of funds which should be on hand based on the monthly audit of the gift cards

Each time the Gift cards exchange hands to be secured before final recipients receive gift cards, please sign below.

Custodian Signature

Date

New Custodian Signature

New Custodian Signature

Date

New Custodian Signature

The department is responsible for documenting the reconciliation of a Gift Card Log for audit documentation and inquiry from Internal and External Auditors.

Template for Documentation Log for departmental use

Date of Payment	Card Amount	Gift card Description (Amazon, VISA, etc.)	Recipient of Gift Card
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
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_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____