

GIFT CARD PURCHASE AUTHORIZATION FORM

All approval signatures *must* be obtained *prior* to purchase

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PURCHASER'S INFORMATION:

Department / Organization name: _____

Name: _____ NJIT Phone Extension: _____

Purchaser confirms full understanding of, and agrees to comply with, all requirements, terms, and conditions set forth in the NJIT Gift Card Policy, which can be found here: <https://www.njit.edu/finance/njit-finance-policies>

Business Purpose - Detailed Description of Gift Card Purchase Request - *must attach flyer of the event or list event date:*

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DEPARTMENT APPROVALS: *(Must be a one-up Supervisor Signature)*

Accounting Distribution: (all boxes MUST be completed)

CHART	INDEX	ACCOUNT	AMOUNT
Total			

Department

Approver Signature _____

(Must be an original signature)

Amount

Authorized up to: \$ _____

Approver Name (Please Print)	Department	Phone Extension

Budget Approval (Finance Division or the Office of the Dean of Students)

Approver Signature _____ Title _____

(Must be an original signature)

Name (Please Print)	Department	Phone Extension

Approver Signatures indicate authorization of purchase and affirm the availability of budget funds

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FINAL PURCHASE:

Cards Received by: _____ Date: _____

(Please Print Name)

Issued by

Bookstore Employee: _____

(Please Print Name)

Final

Purchase Amount: \$ _____

INTERNAL USE ONLY: Original receipts must be included for processing by NJIT General Accounting.