# GIFT CARD PROGRAM MANAGEMENT



#### **Fiscal Compliance**

FINANCIAL SERVICES

UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS

October 2024



# INTRODUCTIONS



## **Holly Day**

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## **Caroline Quane**





- Gift Cards are cash-like, they have value.
- Decentralized administration at the University of Colorado.
- Responsibility as a public institution to be good stewards of funding (Federal, State, Sponsor, etc.).
- Commitment to consistent policy compliance (ie. IRS Regulations, Sponsor Financial Management, University Policy).
- Personal responsibility and accountability.
- Improper management can lead to additional administrative work & consequences.

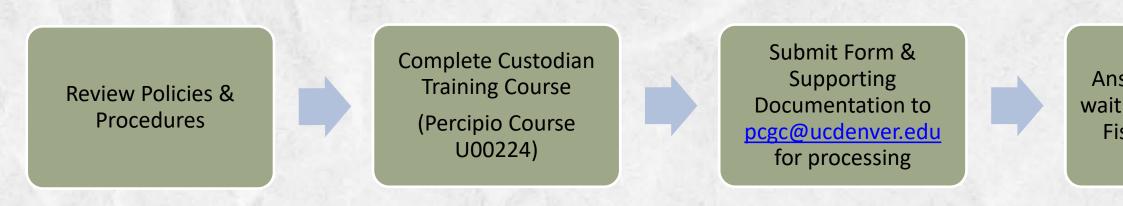
## WHY DOES GIFT CARD MANAGEMENT MATTER?

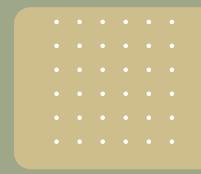
## WHERE TO START

### **Do I need a Gift Card Authorization?**

- Yes if gift cards are being charged to the University a Gift Card Authorization must be established before any cards may be purchased or distributed.
- Contact the Fiscal Compliance team for Gift Card allowability questions(pcgc@ucdenver.edu).

### **Gift Card Authorization Request Process**





Answer questions & wait for approval from **Fiscal Compliance** 



Purchase Gift Cards & Manage Program

# **GIFT CARD PROGRAM MANAGEMENT**

### **CUSTODY**

### **PURCHASING & EXPENSE ALLOCATION**

**AUDIT &** RECONCILIATION

**KEEPING AUTHORIZATION** CURRENT

### **SECURITY**

### DISTRIBUTION **& TRACKING**

### TAX REPORTING

### **CLOSURE**

## CUSTODY



- Individual is responsible for lost/stolen gift cards and may be held personally liable for their value.
- Required to be a University Employee (No students, student employees, or POIs).

### **Can a second individual oversee distribution?**

- A temporary transfer of custody is allowable with proper documentation. (Transfer Memo)
- Ensures all cards are accounted for and where responsibility lies.
- Custodian of Gift Card Program has oversight.
- Individuals involved should familiarize themselves with policies, procedures, and requirements to properly manage.
- Should be short term (ie. 1-2 weeks).
- Longer term outage (ie. Parental Leave) should officially update custodian.

## What is a Custodian?

- A single individual designated to oversee the Gift Card Program.
  - Responsible for ensuring all purchasing, security, dispensing, tracking, and replenishing procedures are followed.

# **TRANSFER OF CUSTODY** MEMO / LOG SAMPLE

#### Gift Card Transfer Memorandum

Date

Total Amount Transferred (\$) # of Cards

Type of Card (ie. VISA)	Serial Number	Dollar Amount

By signing below I acknowledge receipt of the above gift cards and agree to be held accountable for their safeguarding and for disbursing the cards in accordance with the approved business purpose. I agree to adhere to the PSC Procedural Statement: Gift Cards.

Temporary Custodian Signature

Printed Name

Current Custodian Signature

Printed Name

A copy of this memo must be kept with the inventory of gift cards to ensure that all gift cards are accounted for. Gift Cards must be secured at all times.

Department:				Custodian:				
Speedtype:				Temporary Custodian:				
/ signing below,	acknowledge rece	eipt of the gift cards	listed below and agree to be	held accountable for the safe	guarding and proper disbursement wi	th the approved business purpose.		
emporary Custod	ian Signature:					Date:		
	-							
		Custodian			Temporary Custodian			
Date Purchased	Serial Number	Card Amount	Date Transferred	Date Disbursed	Payment Purpose	Recipient Name/ID#	<b>Recipient Initials</b>	

Both Sample Templates provided on the Fiscal Compliance website linked at end of presentation.

### Gift cards must <u>always be secured</u>. Cards should be accessible only to the custodian.

### **Physical Cards**

- In a locked box or bag inside a locked cabinet or drawer accessible only by the custodian.
- Should be housed at University office location.

### **Electronic Cards**

- Should be purchased and distributed directly to the recipient.
- If electronic codes are pre-ordered, like Physical Cards • these must be secured (ie. Locked file only accessible to custodian).

Do <u>not</u> combine gift cards from separate programs. Separate tracking & security is required.

# SECURITY

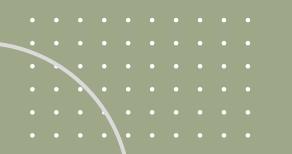






## PURCHASING





### **How to Purchase Gift Cards:**

- Purchased with University Procurement Card from vendor.
  - no card sharing.
- Tango Vendor established in CU Marketplace to load funds.

## **Purchasing Guidelines**

- (ie. Next 2 weeks 3 weeks).
- Card denomination, purchase/distribution period, etc.).
- purchased & distributed.

### **Purchasing Issues**

- Some vendors have a restricted Merchant Code, PSC must lift the restriction in order to complete.
- provide copy of approved Gift Card Authorization.

Custodian can work with purchaser in their department to complete -

Cards should **not** be purchased with personal funds/out-of-pocket.

Purchasing should be on **as-needed** basis to avoid an excess inventory

Ensure purchases are in line with approved Gift Card Authorization (ie.

Remember your approval period, this encompasses when cards must be

Keep your receipts! Needed to reconcile program and expense reports.

Work with Commercial Card Team at procurement.card@cu.edu. Must

#### Allocate expenses on Concur Expense Report to the Speedtype & Account Code included on approved Gift Card Authorization.

- 495102 Study Subjects
- **550105** Performance/Supporting Awards Non-Employee • (Pulls as "Recognition Awards Non-Employees")
- 550106 Employee Recognition

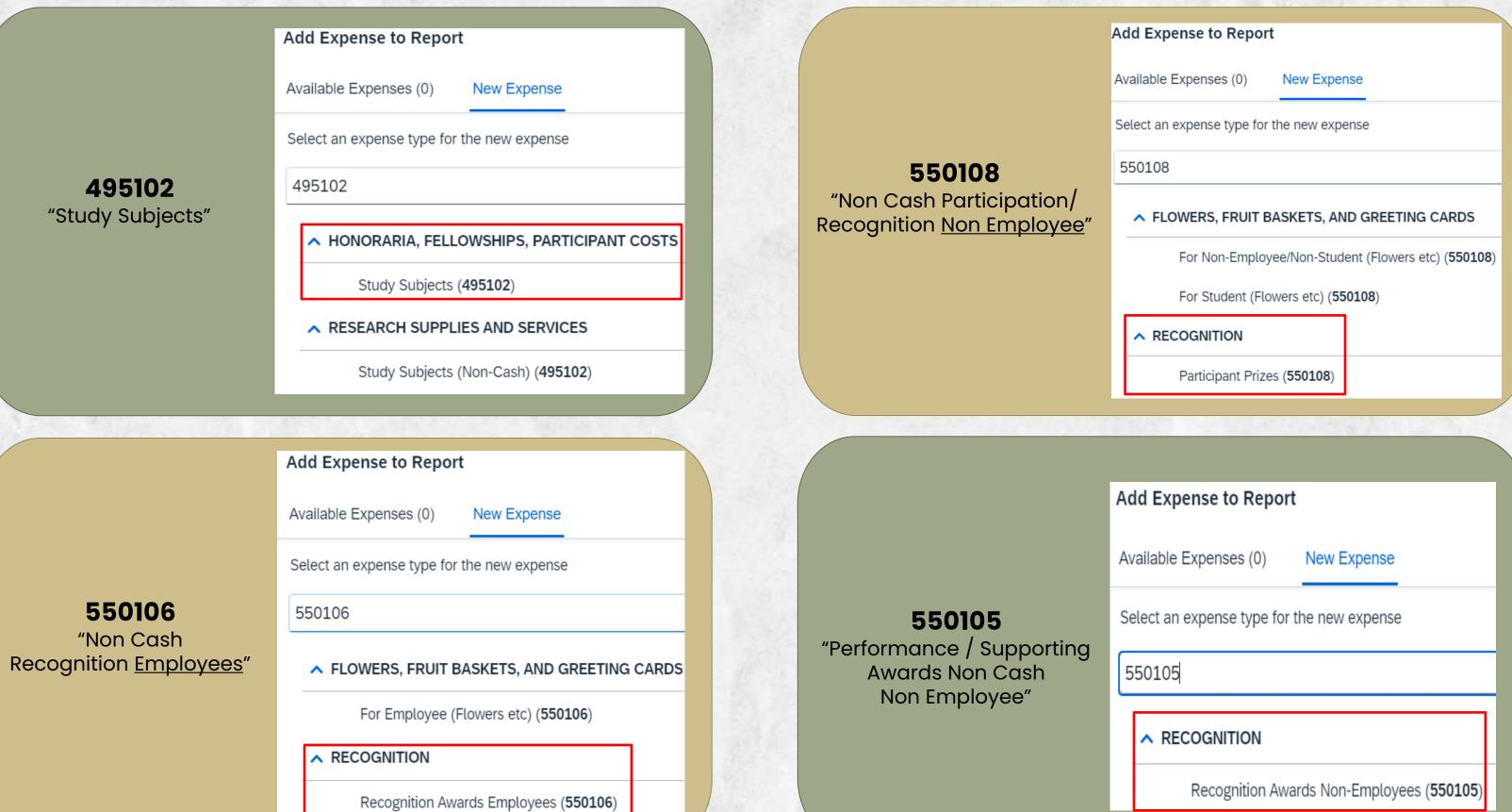
(Pulls as "Recognition Awards Employees")

- 550108 Non-Employee Participation/Recognition (Pulls as "Participant Prizes")
- Attach copy of approved Gift Card Authorization Form with your • supporting attachments. (Signed by Fiscal Compliance).
- Approvers Send report back if there is not evidence of Gift Card Authorization approval, or misallocated expenses.

## EXPENSE **ALLOCATION**

Expense Reports should be completed timely (monthly) to ensure proper fiscal oversight and prevent personal taxation to cardholder (<u>BEX</u>).

## **EXPENSE TYPE CONCUR**





#### niversity of Colorado

eukler | Colorado Springs | Derver | Anschutz Mistical Cam Procurement Service Center (PSC)

Effective Date: 06/07/202

Gift Card Authorization Request (GC)

# **EXPENSE REPORT EXAMPLE**

Pulpose.											
Used to request the esta See the PSC Procedura								fraining, or s	Study Subjec	t Payments	5.
			Action Reques	sted:					Contro	lier Office	Use Only:
Create New Program Change SpeedType		Change Location		Change	End Date		se Gift Card	d Program			
_	Ĩ	Change Amou	int	Char	ge Custo	dian	Other Ct	ange	Date / Initia		
				blish a N	lew Gif	t Card Pr	ogram				
Organizational Unit	_					0	ustodian Name:	Holly Day	,		
Name:	Financial S	ervices - Fisca	l Compliance	Example		Custodian	Employee ID #	123456			
	Fitzsimons	Building				CL	stodian Phone:	(303) 315	5-2255		
Exact address where		t 17th Place W	1126			c	ustodian Email	Holly.Day	/@cuanschi	utz.edu	
cards will be located:	Aurora, CO	80045					n Campus Box		•		
									_		
		ect Participatio		8 Study		SpeedTyp	e: 63412345				
Gift Card Program:	#12-3456 c	on financial ma	nagement.			Accour	rt 495102 - St	udy Subjects	1		
Card Type (ex: Target):	Amazon, T	arget				Account	it.				
Card Denominations:	<b>\$60</b>					Other accou	nt than those li	sted above	Accour	nt	
	buton Metho										
		Electronic Ca	ards; Email								
	Email, or Mai Cards disne	nsed per week:	5.10		То	tal S amount	of cards to be	numhased	\$5,000	,	
2						ar y arrivari			40,000		
Period of time over which							Maximum \$ a dividual per cal		\$60		
Start Date:		End Date:	_				uwuua per car	enual year.			
Will any of the recipients	s be non-U.S.	persons?	Yes	No	Un Un	known					
Will this be used for stud	dy subject pa	yments?	✓ Yes	No No			_			_	
If used for study subje	ect payments	s: What is the ty	pe of protocol?	J .	Exempt (	Anonymous)	Expedite	d (Minimally	/ Invasive)	Full-Bo	ard (Invasive)
If used for recognition	awards: Att	ach approved R						ntation:		Docum	entation attache
			To Modif	y an Exis	sting G	ift Card P	rogram				
		Attach	copy of the ir	nitial Gift C	ard Aut	horization R	equest (GC) f	form			
Nev	w SpeedType	£				New C	ustodian Name:	:			
N	lew End Date	£			Ne	w Custodian	Employee ID #				
						New Cu	stodian Phone:				
	New Location	C				New C	ustodian Email				
New \$ Amour	nt of Cards to	be Purchased:			N	ew Custodia	n Campus Box	:			
	ting change li					If reques	ting change in o	ustodian, n	ew custodian	's signatur	e below
	ard location o nount, explain						ard program ar			-	
program an	iouni, explan						fic	om former o	ustodian.		
			New Custo	dian Acc	eptanc	e/Acknow	/ledgment				
By accepting custody of a	gift card pro	gram, I agree to	be personally a	ccountable	to the U	niversity of C	olorado for the	appropriate	care and dis	position of	the
cards issued. Gift cards a	re the equiva	lent of cash. As	such, I have re	viewed the	appropria	te cash cont	rol procedures	and am fam	illar with the	physical se	ecurity
arrangements available to											in of the cards. I
further agree that if these									or that amount is for the cost		Type to which

ey are charged, and must contribute directly to the accomplishment of the University's mission.

#### Certification & Authorizing Signature

- difficult to ret

ra Signature 10/8/21 Ngitally signed by Zhengli Ding Caroline E. Quane 2021.10.14 23:03:17 -06'00

penses						View
<u>Date</u> ↓∓	Exp	ense Type		Reviewed	Amount	Approv
07/13/20	22 <b>Stu</b> <b>C</b> TAR	dy Subjects (495102 RGET.COM *	)	Ν	\$60.00	\$60
1	19.18		12:30 14			-
Study Subjects (495102)		/2022 \$60.00	Gift Cards - Subject Par COMIRB #	rticipation	TARGET.COM *	
		AI	locations: 10	0.00% (\$60	0.00) 63412345	11
				1. A A	S. 18	10000
O Sent		Order details			\$60.00 visit ~	
Sent	ón a	Order details #12345678910111213 Placed at 11:14AM tod Thanks Target Giftcar		lelivery	\$60.00 visit A Subtotal \$60.00 Shipping Free	

- Attach fully signed Gift Card Authorization Form.

- Clear business purpose.

Attach purchase receipt (redact in Concur if confidential patient information). Assign expense to matching Speedtype & Account Code (Expense Type).

Purchase / Distribution within approval period (start & end date). Card type, denomination, & format allowed per the authorization.

### In-Person (Physical Cards / Pre-purchased Codes)

- Recipient signs (or initials) receipt that they received payment. (Prenumbered receipt book recommended). The following listed:
  - Recipient name or study ID number
  - Serial Number of card
  - Payment purpose
  - Date of payment
  - Amount
- If emailing a pre-purchased code, receive confirmation they received it. (not recommended route of distribution).

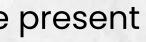
## **Electronic / Email**

- Direct from vendor to participant email address. •
  - Save receipt from vendor showing where card was sent.
  - Do not need to have confirmation it was claimed. •

### Mailing

- Not recommended, if must be done should be direct from vendor to participant.
- If mailing by custodian, secondary witness (univ employee) must be present and sign off on mailing.
- Certified Mail required for larger payments (>\$50). Recommended for all. •

## DISTRIBUTION





## **EXAMPLE – RECEIPTS / DISTRIBUTION**

#### **Pre-Numbered Receipt Book**

(Sequential, Document discrepancies)



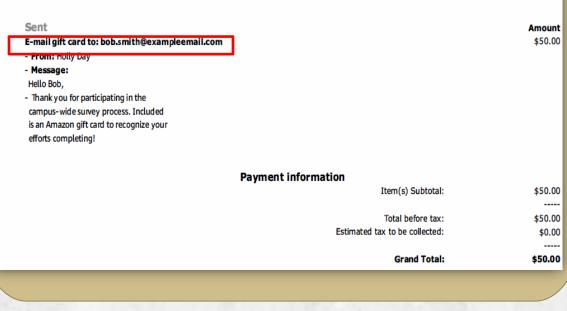
#### **Electronic Cards**

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		-	•		~	v		

Final Details for Order #123-4567891-1234567

Order Placed: September 27, 2022 Amazon.com order number: 123-4567891-1234567 Order Total: \$50.00

**Gift Cards** 



#### **Completed Receipt**

Participant Initialed receipt of the payment.

Date: 10/20/2024
Amount Received: <u>\$50.00 Amazon G</u>
For Payment Of: Visit 1
Received By: #001 PM

#### Mailing by Custodian Witness Memo or Log Templates

	Department:					Custodian:
	Speedtype:					Witness Nan
	Approval Period:					
	As witness to the gift card mailing	g, I certify the follo	wing:			
	A. I witnessed the insertion of	gift card for this ma	ailing. Based on th	e number of mailings and inc	entive deno	mination, all g
	B. I witnessed the drop off of t	the mailing at the M	Aail Center or Post	Office.		
					Date	
	Date Purchased	Serial Number	Type of Card	Card Amount	Disbursed	Payment I
1						
2						
3						
					Witness C	ontact Informa
l.						
	Witness Printed Name and Title			Phone Number		
	Witness Signature					
					_	_

#### RECEIPT

Receipt Number: 1001

Gift Card #10521356897

#### Received From: Holly Day

	_	
(	C	•
-	2	2
٩	١.	,

ame:	

gift cards were accounted for.

	<b>Recipient Name or Participant</b>	
t Purpose	ID Number	Witness
nation		

Gift	Card	Mailing	Form

Mailing Date: Department Name: Custodian Name: Speedtype:

Total Amount Mailed

#### Mailed Card(s) Information

Card Amount	Payment Purpose	Recipient Name/ID
	Card Amount	Card Amount Payment Purpose

#### As gift card custodian, I certify the following:

I received prior approval from the Finance Office to purchase the cards and send them through the mail. Insertion of the cards for mailing was witnessed as indicated below.

Once the insertion was completed, the mailing was immediately taken to the Mail Center or Post Office, observed by the witness below (either in-person meeting, or virtual meeting)

Based on the number of mailings, all gift cards were accounted for. If there were cards remaining, they have been documented by serial number on this form and signed off by the witness to the mailing.

Custodian Signature

Date

#### As witness to the mailing, I certify the following:

I witnessed the insertion of the gift cards for this mailing. Based on the number of mailings, all gift cards were accounted for.

I witnessed the drop off the mailing at the Mail Center or Post Office

## TRACKING



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### Tracking Log / Audit Log is required.

### **Must include the following fields:**

- Purchase Date
- Card Serial Number (or order number)
- Distribution Date
- Denomination
- Card Type
- Payment Purpose
- Recipient Name or Study Subject ID Number
- Receipt Number (if applicable)

Tracking Log must include all Gift Cards associated with the authorization. (ie. Cards purchased but not distributed).

- Should be clear to an outside reviewer.
- If change in Speedtype indicate on log where charges begin hitting the new Speedtype.
- Separate Authorizations need their own log.
- Do not combine multiple gift cards into one line.



## TRACKING LOG EXAMPLE

	Department:	Financial Serv	/ices					
	Custodian:	Holly Day						
	Speedtype:	63412345						
	Approval Period:	5/1/2019 - 5/	1/2020					
		Serial	Type of	Card	Date		Recipient Name or	Recipient In
	Date Purchased	Number	Card	Amount	Disbursed	Payment Purpose	Participant ID Number	Participant Rece
1	1/1/2020	123456789	Target	\$ 20.00	1/15/2020	Survey #1 Completion	Joe Smith	Receipt 101 🖌
2	1/1/2020	234567890	Target	\$ 20.00	1/18/2020	Screening Visit	Bob Roberts	Receipt 102
3	1/1/2020	345678901	Amazon	\$ 20.00				
4	1/1/2020	234586310	Amazon	\$ 20.00				
5								
	Gift Card Reconcilio	ation:						
	Cards Purchased:	4	Ļ					
	Amount Disbursed:	2	2					
	Cards On-hand:	2						

			Order Number or Gift	Type of	Card	Date		Recipient Name or	
		Date Purchased	Card Serial Number	Card	Amount	Disbursed	Payment Purpose	Participant ID Number	Recipient Email J
1	L	9/27/2022	Order #123456789	Amazon	\$ 50.00	9/27/2022	Survey #1 Completion	1234	bob.smith@example
1	2	9/27/2022	Order #123456789	Amazon	\$ 20.00	9/27/2022	Survey #1 Completion	1235	john.roberts@examp
		Gift Card Reconcilia	ition:						
		Cards Purchased:	2						
-		Amount Disbursed:	2						
		Cards On-hand:	0						



#### RECEIPT

Date <u>1/15/20</u>	20	Receipt Number: 101			
Amount Received: \$20 Target Gift Card #123456789					
For Payment Of: <u>Survey #1 Completion</u>					
Received By: Joe Si	mith Joe Smith	Received From: Holly Day	_		
Initials or eceipt Number					
	amazon.com	nal Details for Order #123-4567891-1234567			
		Print this page for your records.			
	Order Placed: September 27, 2022 Amazon.com order number: 123-4567891 Order Total: \$50.00	-1234567			
		Gift Cards			
nil Address	Sent E-mail gift card to: bob.smith@examplee - From: Holly Day - Message: Hello Bob,	mail.com	<b>Amount</b> \$50.00		
npleemail.com	- Thank you for participating in the campus-wide survey process. Included is an Amazon gift card to recognize your efforts completing!				
		Payment information			
		Item(s) Subtotal:	\$50.00		
		Total before tax: Estimated tax to be collected:	\$50.00 \$0.00		
and the second		Grand Total:	\$50.00		

## What is Reconciliation?

### **Cards Distributed + Cards on Hand = Purchased Cards**

- Reconciliation should occur each time new cards are purchased and at least quarterly.
- Secondary individual (ideally dept approver, admin, etc.) should reconcile with custodian on quarterly basis.
- Match purchases to Financial Report in CU Data (ensure charges have hit the appropriate Speedtype & Account Code).

### Audit:

- Fiscal Compliance periodically reviews records related to gift cards.
  - In-person review.
  - Desk review.
  - Expense allocation report.
- Internal or External Audit could also ask to review gift cards.
- All gift card inventories, and documentation must be available for audit.
- Departmental reviewers/spot audits are also common and recommended.

## RECONCILIATION & AUDIT



## TAX REPORTING

Calendar Year: January 1 – December 31



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- Study Subject participation (> \$100 in calendar year).
- Employee Participation/Recognition (any dollar amount).

#### **Reporting Process**

- **Study Subject Reporting:**
- - Form (RR) to PSC.
  - (RR) to Employee Services.

#### How long do we maintain the W-9?

Tax Reporting is determined according to gift card use & dollar amount. Non-Employee Participation/Recognition (> \$100 in calendar year).

Must be completed at end of each calendar year or at close out if earlier.

1099MISC Spreadsheet completed and sent to PSC securely for Study Subject Participation. (Custodians receive an email with instructions). **Recognition Reporting** – submitted within 60 days of the event/payment. Non-Employee Participation/Recognition send Recognition Reporting

Employee Participation/Recognition send Recognition Reporting Form

Must be maintained in line with Record Retention Policy (APS #2006).

### When to Update:

- Any changes to the operations of the program must receive approval through Fiscal Compliance.
- Examples of changes:
  - New Speedtype
  - Change of Start or End Date
  - Amount Changes
  - Card Denomination / Payment Amounts
  - Amt per Individual in a calendar year change
  - Distribution format
  - Custodian
  - Location

### How to Update:

- Fill out blank Gift Card Authorization Request Form identifying necessary changes. Custodian & Org Unit Authorizer must sign.
- Submit to pcgc@ucdenver.edu for processing with a copy of last approved authorization, current tracking log, and most updated Internal Controls.

## UPDATING AN AUTHORIZATION

Action Requested:				
Change SpeedType	Change Location	Change End Date		
Change Amount	Change Custodian	Other Change		

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## PROGRAM CLOSURE





# When Gift Card Programs have passed their authorized end date / are no longer needed they must be officially closed out through Fiscal Compliance.

To Close a program, send an email with the following documentation to <a href="mailto:pcgc@ucdenver.edu">pcgc@ucdenver.edu</a> so we may initiate the close out review.

- Gift Card Authorization Form
- Completed Tracking Log
- Purchase Receipt(s)

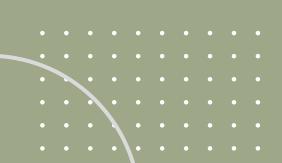
#### How can you help with the close out review?

- Clearly identifying any excess gift cards and the plan for them.
- Provide completed documentation (ie. All tracking log fields).
- Providing an m-Fin Financial Detail report with charges matching to the tracking log (on correct Speedtype(s) and Account Code).
- Confirm if reporting for calendar year has already been completed.

#### **NEW – Gift Card Program Close Out Checklist**

- Recently developed to aid in close out review.
- Will be shared with attendees and included on our website.
- Recommended to be submitted with close out requests, goal to make this a required attachment in the future for Denver | Anschutz. Date TBD.

### **GIFT CARD PROGRAM CLOSE OUT CHECKLIST**



#### **> GIFT CARD PROGRAM** CLOSE OUT CHECKLIST

Gift Card Program Information					
	al Authorized A ount Code(s)	Amount 495102 - Study Subjects 550105 - Performance/Supporting Awards Non-Employee 550106 - Non Cash Recognition Employees 550108 - Non Cash Participation/Recognition Non-Employee			
Close Out Reconciliation					
Date of Close Out Request:					
Tax Reporting Requirement	j onsale / will also	cuss with Fiscal Compliance with close out submission.			
Study Subject Participation         No Reporting Required - No individual received more than         \$100 during this calendar year.         Reporting Required - Study Participants received more than \$100 during the calendar year.         Have you already completed reporting for this calendar year?         Yes       No	Were any pa (CU) employ If yes, ha Employe Did any Nor	ave you already submitted the Recognition Reporting Form (RR) to se Services? Yes No n-Employees receive over \$100 during this calendar year? Yes No ave you already submitted the Recognition Reporting Form (RR) to			
Close Out Documentation Provided					
Required         Gift Card Authorization form to be closed.         Tracking Log - all fields filled in, lists all gift cards under the Purchase Receipt(s)         Best Practice (not required)         m-Fin Financial Detail report showing all cards purchased	d under this auth				
Additional Information for Close Out Review (O	Optional)				

Submit completed Gift Card Program Close Out Checklist and supporting documentation to pcgc@ucdenver.edu

University of Colorado Denver | Anschutz Medical Campus

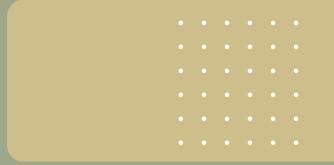
## **OVERPURCHASING & EXCESS CARDS**

#### Ways to reduce excess cards:

- Purchase on as-needed basis to prevent excess inventory.
- As you near end of program slow purchasing.
- Utilize electronic format gift cards, no inventory they are purchased and distributed at the same time.

#### What if I do have extra cards?

- It is generally difficult to obtain refunds for unused gift cards (however may be an option depending on vendor).
- If there is another authorized gift card program in your unit that can utilize the cards, they can be transferred. (The expense must be moved to appropriate funding source and transfer documented on tracking logs).
- Individual who overpurchased can personally reimburse for the cards and then utilize for personal use. Cash Receipt to Bursar's Office and funds deposited to same Speedtype & Acct where expense hit.
- Discuss with Fiscal Compliance team (pcgc@ucdenver.edu).
- Expense cannot remain on restricted funding source (Fund 30/31) be aware of closure of these funding sources.



## LOST OR **STOLEN CARDS**

## Any shortage must be reported to Fiscal Compliance immediately (pcgc@ucdenver.edu).

- Custodians are responsible for lost or stolen cards and may be required to reimburse the University depending on the specifics.
- Investigate what led to the missing gift card(s).
- Understand timeline of when shortage occurred. ۲
  - Regular reconciliation helps pinpoint timing.
- Police Report may need to be filed depending on specifics.
- Lost or stolen cards cannot be charged to a restricted funding source (Fund 30/31). •

## CRITICAL **COMPLIANCE ISSUES**

- **Stacking Payments**
- **Delayed Payments**
- **Exceeding Denomination** Thresholds

• • • • •

- Form or PA Form).
- that are approved to be purchased.
- via gift card when the individual payment exceeds \$100.
- limits is also non-compliant.

#### **Example:**

Card Type (ex: Target):	Amazon, Target, Walmart			
	\$25, \$50, \$75, \$100			
Distrib	oution Method			
(Physical or Elec	tronic Cards; Electronic Cards via Email			
In-person, Email, or Mail)				

Gift Cards are meant to be issued at time of completion or close to that time, if you are wanting to pay a lump sum to the participant at the end of multiple visits that should be paid through check (SSP

The Denominations Field on the form are the only denominations

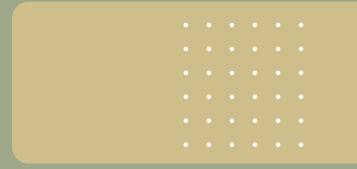
The FPS: Gift Cards prohibits Study Subject Payments to be issued

Paying multiple gift cards in the same day to circumvent these

Payment Schedule for St	udy
Visit 1	\$25
6 Month Follow-Up	\$50
6 Month Survey Completion	\$25
12 Month Follow-Up Interview	\$100

## COMPLIANCE REMINDERS

- Follow your authorization & request updates timely. •
- Allocate to the Speedtype & Account Code indicated on your approved form. •
- Communicate with your unit to prevent duplicate purchasing. •
- **NO** Procurement Card Sharing. •
- Virtual Meals are not allowable (includes meal vouchers). •
- If required to collect W-9 obtain prior to payment.
- Complete required year-end tax reporting if required. •
- If you do not have a Gift Card Authorization in place, gift cards should not be purchased or distributed.



# **TRAINING & RESOURCES**

**Financial Services** 

Gift Cards

outlined below.

FPS: Gift Cards

FPS: Recognition & Training

FPS: Sensitive Expenses

PPS: Study Subject Payments

### **Online Custodian Training Course**

Percipio Course #U00224



CU: Custodian Responsibilities – Gift Cards, Petty Cash, and Change Funds

COURSE 30m CU English Everyone

#### Launch

This course is required for CU Denver, CU Anschutz, and UCCS employees who are first-time custodians overseeing gift card, petty cash fund, or change fund programs. After completing this course, you should be able to describe and follow the rules and guidelines for managing a compliant program as well as locate and refer to relevant resources.

#### **Fiscal Compliance Website** Resources > Gift Cards

#### **Fiscal Compliance** Home About Us • Resources Training • System Access Forms Contact Gift Cards are cash-like instruments used in lieu of cash or check. Gift Cards are commonly used for study subject compensation, survey incentives, recognition, and honoraria. The set-up of a gift card program must be approved PRIOR to the purchase or distribution of any gift cards. Fiscal Compliance is here to help answer questions, coordinate approvals, and ensure University policies and procedures are followed. Please allow up to two weeks for processing requests (once all required information is obtained). If you are considering starting a gift card program, you should familiarize yourself with the related policies, procedures, and associated resources - Ch 盈 Ĩ Custodian Training Procedural Statements Forms Additional Resources Requirement Procedural Statement Name Purpose Sets forth the requirements for the authorization of gift cards use Sets forth University rules and requirements for using University funds to pay for recognition and training for employees, associates, and other individuals (including students); and, to provide reasonable assurance that recognition awards, rewards, and prizes distributed by the University are properly captured and subject to appropriate tax reporting.

Outlines the allowability of certain sensitive expenses. Sets forth University requirements for processing study subject payments.

# THANK YOU!





## https://www.cuanschutz.edu/offices/fiscal -compliance

Gift Card Program Management Training Attendance



https://forms.office.com/r/k8xpETKxtL



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