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 <u>BEFORE</u> 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:

New Custodian (Page 2) New Speedtype (Page 3) **Change Amount** (Page 4) **Change Location** (Page 5) **Extend End Date** (Page 6)

1. Change Custodian –

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

T	University of Colorado Boulder Colorado Springs Denver Anschutz Medical Campus Procurement Service Center (PSC)	(-III C AM AIIIMAN	Effective Date: 02/01/2015 zation 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:		Controller Office Use Only:				
	Create New Gift Card Program OR	☐ Change SpeedType ☐ Change Location ☐ Change Amount ☐ ✔ Change Custodian	☐ Close Gift Card Program Date / Initials:				

b. Fill in the <u>current</u> custodian's information:

		To Esta	blish a N	le	w Gift Card Program	
Organizational Unit					Custodian Name:	First & Last Name
Name:					Custodian Employee ID #:	CU Employee ID #
				1	Custodian Phone:	Phone #
Exact address where cards will be located:					Custodian Email:	Work Email Address
cards will be located.					Custodian Campus Box:	Campus Mail Box #
Purpose of					SpeedType:	
Gift Card Program:					Account:	▼
Card Type (ex: Target):				1	Account:	▼
Card Denominations:					Other account than those I	isted above Account:
Average # of c	ards dispensed per week:				Total \$ amount of cards to be pu	ırchased:
Period of time over whic	h cards will be purchased	& distributed:			Maximum \$ ar	mount per
Start Date:	End Date:				individual per calen	dar year:
Will any of the recipien	Will any of the recipients be non-resident aliens? Yes No Unknown					
Will this be used for st	udy subject payments?	Yes	☐ No			
If used for study sub	ject payments: What is th	e type of pro	otocol?	Ex	empt (Anonymous)	d (Minimally Invasive)

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

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 Custodian Name:	First & Last Name				
	on or	New Custodian Employee ID #:	CU Employee ID #				
If requesting change in		New Custodian Phone:	Phone #				
original card location or		New Custodian Emal:	Work Email Address				
program amount, explain:		New Custodian Campus Box:	Campus Mail Box #				
		If requesting change in cu	ustodian, new custod ian's signature below				
verifies gift card program amount and assumes responsibility for program from former custodian.							

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

U	Certification & Authorizing Signatures						
I	New Custodian Signature	Date	Organizational Unit Authorizing Signature	Date			
ı	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:
☐ Create New Gift Card Program (OR	✓ Change SpeedType	Change Location	Close Gift Card Program
create New one can't Program		Change Amount	Change Custodian	Date / Initials:

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

	To Estal	olish a Ne	ew Gift Card Program
Organizational Unit Name: Department/Division Name			Custodian Name: First & Last Name
			Custodian Employee ID #: CU Employee ID #
For at address on base	Location which caras will be stored.		Custodian Phone: Phone #
Exact address where cards will be located:			Custodian Email: Work Email Address
			Custodian Campus Box: Campus Mail Box #
Purpose of	Detailed purpose for the gift of	ards	SpeedType: Speedtype
Gift Card Program:	Dataman par poor for and groot		Account: Select account code(s) from drop down menu
Card Type (ex: Target):	Type(s) of card(s)		Account:
Card Denominations: Dollar amount(s) of Gift Cards			Other account than those listed above Account:
Average # of cards dispensed per week: # Per week			Total \$ amount of cards to be purchased: Total \$ Amt for GC Program
Period of time over which cards will be purchased & distributed:			Maximum \$ amount per Total \$ Amt a person receiving gift
Start Date:	Date End Date: Date		individual per calendar year: 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 Speedt	ype	New Custodian Name:					
		New Custodian Employee ID #:					
If requesting change in		New Custodian Phone:					
original card location or		New Custodian Email:					
program amount, explain:	, explain:	New Custodian Campus Box:					
		If requesting change in co	ustodian, 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							
Statements identified in the Purpose, above, and will comply with the - I will establish controls over the gift cards so there is limited acce. - When the program is nearing completion, I will reduce gift card invidificult to return.) - I will maintain adequate records on who gets gift cards so the pro- card. Or, to protect patient confidentiality, I will maintain a list show - For study subject payments in full-board protocols (invasive). If profession for tax reporting.	m and all other app ss to them and mai entory to a sufficien cess can successiving for each card is ayments to a single lift fund, I certify that	in accordance with all fiscal rules governing its use. I have read and undersi- ulicable policies. Furthermore, I will comply with the following provisions: intain the minimum quantity of inventory on hand that is effective for busine nt level in order to ensure there are no cards left over when the program en willy undergo an audit. I will have study subjects sign a receipt form acknowle seved the date, patient number, card number, amount of the card, and have individual will equal \$100 or more per year, I will have them fill out and sign to this is an allowable expense, complies with sponsor and donor restrictions introller's office personnel or external auditors.	ss. ds. (Gift cards are often dging receipt of the gift the patient initial the line. he IRS W-3 form to				
Custodian Signature	Date	Organizational Unit Authorizing Signature	Date				
Custodian Signature	, , , , , , , , , , , , , , , , , , ,						

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J. '	Cilaii	ge Ali	iount =

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

Action Requested:			Controller Office Use Only:
Create New Gift Card Program OR	☐ Change SpeedType ✓ Change Amount	Change Location Change Custodian	Close Gift Card Program Date / Initials:
	7		

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

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

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:		New Custodian Name:					
If requesting change in original card location or program amount, explain:	programi nom paak to	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 progr from former custodian.							

d. Custodian & Organizational Unit Authorizer sign the form

Certification & Authorizing Signatures							
Statements identified in the Purpose, above, and will compily with them an - I will establish controls over the gift cards so there is limited access to - When the program is nearing completion, I will reduce gift card inventor, difficult to return, I - I will maintain adequate records on who gets gift cards so the process - card. Cit, to protect patient confidentiality, I will maintain a list showing for - For study subject payments in full-board protocols (invasive): If payme - collect identification for tan reporting.	d all other applica them and mainta y to a sufficient le can successfully or each card issu ints to a single inc id, I certify that thi	in the minimum quantity of inventory on hand that is effective for business, evel in order to ensure there are no cards left over when the program ends. (Gil undergo an audit. I will have study subjects sign a receipt form acknowledging i ed the date, patient number, card number, amount of the card, and have the par lividual will equal \$100 or more per year, I will have them fill out and sign the IRS is an allowable expense, complies with sponsor and donor restrictions, and is	t cards are often eceipt of the gift ient initial the line. W-9 form to				
Custodian Signature	Date	Organizational Unit Authorizing Signature	Date				
Custodian Signature	Date	Organizational Unit Authorizing Signature	Date				

4. Change Location

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

Action Requested:		4	Controller Office Use Only:
☐ Create New Gift Card Program OR	☐ Change SpeedType	✓ Change Location	Close Gift Card Program
Greate New Oilt Cald Program (OK)	Change Amount	Change Custodian	Date / Initials:

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

-							_	
ı	To Establish a New Gift Card Program							
ı	Organizational Unit	Department/Division Name	Custo	Custodian Name:		Last Name		
ı	Name:	Department/Division Name	Custodian Em	Custodian Employee ID #: CU E		oloyee ID #		
1			Custo	dian Phone:	Phone	#		
T	Exact address where cards will be located:	Location where cards will be stored.	Cust	odian Email:	Work I	Email Address		
ı	cards will be located.	cards will be located: (Address, Building, Room #, etc.)		Custodian Campus Box: Camp		pus Mail Box #		
ı								
ı	Purpose of	Detailed purpose for the gift cards	SpeedType:	Speedty	pe			
ı	Gift Card Program:	betailed purpose for the gift cards	Account:	Select ac	count co	de(s) from drop down menu	v	
ı	Card Type (ex: Target):	Type(s) of card(s)	Account:				¥	
ı	Card Denominations:	Dollar amount(s) of Gift Cards	Other accoun	t than those	listed abov	e Account:		
ı	Average # of ca	rds dispensed per week: # Per week	Total \$ amount of c	ards to be p	urchased:	Total \$ Amt for GC Progra	m	
П	Period of time over which		Maximum \$ a		Total \$ Amt a person receiving gift			
ı	Start Date:	Date End Date: Date	individ	lual per caler	ndar year:	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:		New Custodian Name:					
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 Employee ID #: New Custodian Phone: New Custodian Email: New Custodian Campus Box:					
If requesting change in custodian, new custodian's signature verifies gift card program amount and assumes responsibility for from former custodian.							

d. Custodian & Organizational Unit Authorizer sign the form:

Certifi	cation & A	Authorizing Signatures					
Statements identified in the Purpose, above, and will comply with them an I will establish controls over the gift cards so there is limited access to when the program is nearing completion, I will reduce gift card inventor, difficult to return, I will maintain adequate records on who gets gift cards so the process or oard. Or, to protect patient confidentiality, I will maintain a list showing for For study subject payments in full-board protocols (invasive). If payments collect identification for tax reporting. If the gift cards will be obaged against a sponsored project or a gift fun budgets and available funding.	• 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 confidentially, 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-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.						
Custodian Signature Date Organizational Unit Authorizing Signature Date							
Custodian Signature	Date	Organizational Unit Authorizing Signature	Date				

5. Extend End Date

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

Action Requested:			Controller Office Use Only:	
☐ Create New Gift Card Program	OR	☐ Change SpeedType	Change Location	Close Gift Card Program
Create New Girt Card Program	UK)	Change Amount	☐ Change Custodian	Date / Initials:

b. Fill out information for the gift card program, listing new end date requested:

	To Establish a N	lew	Gift Card Prog	ram			
Organizational Unit	Department/Division Name	П	Custodian Name:		First &	Last Name	
Name:	Department/ Division Name	Ш	Custodian Employee ID #:		CU Em	ployee ID #	
Surest address subserv			Custo	dian Phone:	Phone	#	
Exact address where cards will be located:	Location where cards will be stored.	Ш	Custo	odian Email:	Work	Email Address	
	d: (Address, Building, Room #, etc.)		Custodian Campus Box:		Campus Mail Box #		
Purpose of	Detailed purpose for the gift cards	Ш	SpeedType:	Speedty	pe		
Gift Card Program:	_	П	Account:	Select ac	count co	de(s) from drop down menu	•
Card Type (ex: Target):	Type(s) of card(s)	Ш	Account:				¥
Card Denominations:	Dollar amount(s) of Gift Cards		Other account	than those	listed abov	re Account:	
Average # of cards dispensed per week: # Per week			Total \$ amount of ca	ards to be p	urchased:	Total \$ Amt for GC Progra	ım
Period of time over which	Period of time over which cards will be purchased & distributed:			faximum \$ a		Total \$ Amt a person receiving gift	
Start Date:	Date End Date: Date	Ш	individ	ual per caler	ndar year:	card(s) could receive in a calendar	yea

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:			New Custodian Name:				
			New Custodian Employee ID #:				
If requesting change in	If requesting change in	XX	New Custodian Phone:				
1	Extend End Date to XX-XX-XXXX		New Custodian Email:				
program amount, explain:		4	New Custodian Campus Box:				
If requesting change in custodian, new custodian's signature below verifies gift card program amount and assumes responsibility for prograf from former custodian.							

d. Custodian & Organizational Unit Authorizer sign the form:

Certific	Certification & Authorizing Signatures							
Statements identified in the Purpose, above, and will comply with them and I will establish controls over the gift cards so there is limited access to to When the program is nearing completion, I will reduce gift card inventory difficult to return, I will maintain adequate records on who gets gift cards so the process or card. On, to protect patient confidentially, I will maintain a list showing for For study subject payments in full-board protocols (invasive): If paymen collect identification for tax reporting.	I all other application and maintain to a sufficient levian successfully under each card issued to a single indication of the cardiff of the	n the minimum quantity of inventory on hand that is effective for business, vel in order to ensure there are no cards left over when the program ends. (Gift own indergo an audit. I will have study subjects sign a receipt form acknowledging receipt the date, patient number, card number, amount of the card, and have the patient with all left and \$100 or more per year, I will have them fill out and sign the IRS with a life out a	ands are often eight of the gift nt initial the line. • 9 form to					
Custodian Signature	Date	Organizational Unit Authorizing Signature	Date					
Custodian Signature	Date	Organizational Unit Authorizing Signature	Date					

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:			Controller Office Use Only:
☐ Create New Gift Card Program OR	✓ Change SpeedType	Change Location	Close Gift Card Program
Create New Gilt Card Program OK	Change Amount	Change Custodian	Date / Initials:

- 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