Gift Card and Gift Certificate Recharge Form

		Girt Car	u anu un	it Cert	ilicate	Nechaige i	UIII	"		
	mpleted form to:									
	eal Accounts		☐ Employee Reco					•	•	
MoffittMe	ealAccounts@ucsfme	edctr.org	☐ Other							
Departme	nt						Date	2		
	Recharge Informa	ntion								
	SFCMP	Speed Typ	e						_	
	SFMED								_	
			Enter							
			Quantity			Admin Fee		Total		
	Dining Dollars*	\$ 5.00		\$	-	0%	\$	-	7	
	FastPay \$20	\$ 20.00		\$	-	8%		-	1	
	FastPay \$10	\$ 10.00		\$	-	8%	\$	-	1	
	Amazon	\$ 25.00		\$	-	12%		-	1	
	Fandango	\$ 25.00		\$	_	12%	_	_	1	
	GrubHub	\$ 25.00		\$	-	12%	_	-	1	
	Marshalls	\$ 25.00		\$	-	12%		-	1	
	Safeway	\$ 25.00		\$	-	12%		-	1	
	Shell Gas	\$ 25.00		\$	-	12%	_	-	1	
	Starbucks	\$ 10.00		\$	-	12%	_	-	1	
	Target	\$ 25.00		\$	-	12%	_	-	1	
	Walgreens	\$ 25.00		\$	-	12%		_	1	
	* Gift certificate for Mo		ein Family Café	<u>'</u>	t Zion Café		\$	-	_	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,						=	
Custodian	(person responsible	for gift card	inventory)							
I understan	nd my responsibilities u	nder Business &	k Finance G-4	11 to keep	o the card	s in a secure loc	catio	n and mainto	ain adequate records	to support
the valid bu	usiness use of the cards	s. I understand	that any card	ds unacco	unted for	will result in a .	1099	Miscellanew	vous Income tax state	ement
being issue	d to me.									
Custodian Signature			Print Name			Phone Number			Date	
Approving	g Authority Signature	е								
I certify tha	it: (1) this request for 0	Gift Cards is for	the purpose (of Univers	sity busine	ess, and (2) I wi	II ens	ure that card	ds obtained will be m	aintained
	uted in accordance wit				·					
Custodian Signature			Print Name			Phone Number			Date	
The denart	ment is responsible for	r ensuring: (1) G	ift cards are	kent in a	secure lo	cation: (2) Com	nlian	ce with G-41	I when making award	ds: (3)
	ce of a log of card recip	•					•		~	
	ventory and usage for				,		0			
_	with G-41, recipients o		t be advised	that the	card shou	ld not be transf	ferre	d to another	employee.	
. ,	, ,	J							. ,	
Order is p	rocessed at Parnassu	ıs. You will be	notified by	email wl	hen orde	r is ready for a	oick (up.		
	Mission Bay and Mo							•		
•	Select pick up loc	·=			,					
	Parnassus: Nutrit		rvices, M-2	94, 8am	-4:30pm,	Mon-Fri (clos	ed h	olidays)		
	Mission Bay: Sho					•		, ,		
	Mount Zion: Mou		-	•		olidavs)				
Questions	? Call Nutrition & Fo		-	-						
QUESTIONS	. Can Natifillon & I U	ou ou vices at		10 T OI +1	-5 555-03	·				

Nutrition & Food Services ● 505 Parnassus Ave, M-294 ● Phone: 415-353-1461 ● Fax: 415-353-8703