

Standard Operating Policy and Procedure  
 OTO 303 – Electronic Gift Card Management  
 Attachment A: Gift Card Tracking Form

Department:  
 Speedtype:  
 Study and COMIRB #:

Custodian:

	<i>Recipient Name/ID #</i>	<i>Recipient Email Address</i>	<i>Date Purchased</i>	<i>Vendor/Source</i>	<i>Serial Number</i>	<i>Card Amount (\$)</i>	<i>Subject Visit Date</i>	<i>Payment Purpose</i>	<i>Expense Report Date</i>
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

**Gift Card Reconciliation:**

Cards Purchased:

Amount Disbursed: