This form must be completed PRIOR to the purchase of gift cards or gift certificates (“Cards”) by Los Rios Community College District employees. Requests for purchase submitted without a copy of properly completed Authorization Form will be rejected. Please complete all required information below and submit for the required signatures. (Not required for purchases of gift cards/certificates purchased for distribution to students that are reported as a source of financial aid to the College financial aid department.)

1. Purchaser’s Name: ____________________________________________

2. Purchaser’s Department: _______________________________________

3. Purchaser’s Signature: _________________________________________

4. Vendor Name (entity from which cards are to be purchased): ______

5. Date: _______________ Aggregate Amount: ______________________

6. Description of what is going to be purchased (number & face amount of cards to be purchased):

   __________________________________________________________________

7. Description of Intended Use of Cards (e.g., drawing, wellness program):

   __________________________________________________________________

8. Method of Purchase/Acquisition (e.g., purchase order, donation):

   __________________________________________________________________

9. Month/Year Cards are to be Distributed: _____________________________

10. Fund/Budget to be Charged: ______________________________________

    Any backup withholding due for cards issued to nonresident noncitizens will also be charged to this account.

    _____________________________________________________________
    Authorized Signer’s Name         Title

    _____________________________________________________________
    Signature                         Date

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