

	<mark>on:</mark> Ist be a full-time empl	oyee of the University	y	7
Name:				
Email:				
Phone:				
Department:				
Purpose:]
-	be provided to reseau quired. Please attach a copy on is required	•	ing the use of gift cards.	I
Are these gift cards f	funded by an externa	l grant?		I
			t is required. See sign off below.	1
IDD A. the deather Newsberr				
IRB Authorization Nu	umber:			1
Banner FOAPAL:				
Date Required:				Ī
Distribution Date:				+
Distribution Explanation: If the distribution date exceeds 30 days of the required date, please explain the extended holding period.				
				1
Card denominations				
<u>Card Type</u>	<u>Card Amount</u>	<u>Quantity</u>	Total \$ Amount	1
				4
			\$ -	1
			-	
			-	
			\$ -	
			\$ -	1
Available Card Types Rowan Bucks (preferred method for distributions to University Students, when feasible). TD Bank physical gift cards Amazon electronic gift cards Other (please specify with a justification - will require authorization from Finance)				
Authorizations: S Custodian			Signature	Date
	.ccounting (if external	grant funded)		
Dean or AVP (if not an IRB sanctioned study)				
* The Custodian agrees to collect and provide to Accounts Payable the required tax information from the gift card recipients				
Scan and email the signed application and IRB document (if applicable) to AccountingServices@Rowan.edu.				
Retain a copy for your files. You will be notified by email when you can pick up the gift cards in Bole Hall, or if there are questions regarding your application. For questions about gift cards, please contact AccountingServices@Rowan.edu.				
DO NOT FILL OUT To be completed by Finance for final authorization.				
Finance Approval:			Signature	Date