

RSCCD

Gift Card Assessment Form

PR #: _____

Section 1 - Request

Date:	Number of cards requested:
Requestor:	Denomination / Amount per card:
Approver:	Total Amount:
Program:	Expected Disbursement Frequency:
Program Gift Card Limit:	Department Gift Card Limit:
Full GL Account: (TOPS) 732000 (Object Code) 7675 (Submit request to Accounting to establish account) _____	

Section 2 - Internal control (segregation of duties): Minimum of 3 roles

Awarded by:
Custodian:
Reconciliations completed by:

Section 3 – Physical Safeguarding

Describe physical arrangements including where cards are stored, how are they locked, who has access to area, who has the keys or combinations, etc.
--

Section 4 – Completed by Internal Audit Only

Analysis:
Reviewed by: _____ Date: _____