Temporary Gift Policy (Effective 10.12.11)

This policy regarding purchasing and distributing gifts and gift cards will be effective until a permanent solution is found.

Gifts/Gift cards should not be distributed to Aquinas Faculty, Staff, Student, Adjunct or any other person that has currently or previously received compensation from the college.

The intent should be that of a gift, not compensation. Compensation would be treated differently and require additional documentation.

The amount should never exceed $25.00.

The purchase of gifts/gift cards will be reimbursed as they are distributed. In other words, they should be purchased for a specific person for a specific event. They should not be purchased for a “just in case” scenario.

In order to be reimbursed for the purchase of gifts/gift cards, the following information must be provided:

- Business purpose for giving the gift/gift card
- Cost of gift/gift card
- Date given to the recipient
- Description of the gift or type of gift card
- Relationship of recipient to you/College including but not limited to the recipient’s:
  - Name
  - Title
  - Any designations
  - Any other information that shows their business relationship to you
Acknowledgement of cash receipt form

Full Legal Name ____________________________________________

1. Are you an employee of Aquinas College?  Yes ____  No ____

2. Are you a student of Aquinas College?  Yes ____  No ____  If yes, Student ID number __________________________

If you answered NO to 1 and 2, please provide the following:

Social Security Number __________________________

Street Address ____________________________________________

City __________________________  State _____  Zip _________

I hereby acknowledge the receipt of Cash and/or gift card in the amount of $ _________________. I further acknowledge that receipt of such payment may be considered taxable income and be reported to the IRS as required by law.

Signed: ____________________________________________  Date: __________________________

Acknowledgement of cash receipt form

Full Legal Name ____________________________________________

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If you answered NO to 1 and 2, please provide the following:

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Signed: ____________________________________________  Date: __________________________