

**University of Massachusetts, Amherst**  
**US Bank Declining Balance Card Application for Purchasing Gift Cards**  
Forward this application to [advancesandgifts@admin.umass.edu](mailto:advancesandgifts@admin.umass.edu)

This application for the US Bank Declining Balance card can be requested for the purpose of purchasing gift cards as allowed in the UMass Business and Travel Expense Policy (limit is \$100 per person per event). A US Bank Declining Balance card is a pre-loaded credit card which is automatically reconciled to one G/L account. The card remains active until the funds are exhausted or the card expires. If you are requesting gift cards for human subject participants, please complete the US Bank Declining Balance card application for human subject payments.  
**Allow 2 weeks for processing and mailing.**

**Please describe the business need for a US Bank Declining Balance Card:**

**Cardholder Information**

Legal Name (Last, First): \_\_\_\_\_

Employee ID: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**University Department and Campus Address**

Department: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please note: you will be able to request the card be mailed to your home address when the cardholder agreement is completed.

Card Limit Request: \$ \_\_\_\_\_

Default Chartstring for Card Charges. All card charges will post to this speed type and account. Reallocation is NOT available. File a separate application if you have a business need to purchase gift cards on a speed type and account other than the one listed below.

Speed Type: \_\_\_\_\_

Fund: \_\_\_\_\_

DeptID: \_\_\_\_\_

Program: \_\_\_\_\_

Class: \_\_\_\_\_

Project/Grant: \_\_\_\_\_

Account (Select from Dropdown list)

Return / End Date: \_\_\_\_\_

\*\*Cannot exceed one year from the requested date.

**Cardholder Acknowledgement:**

I acknowledge that this bank card is only to be used for the intended purpose as described above. Each card will be differentiated from the US Bank One Card with an embossed line GC SpeedType.

Proper safeguarding of the card and card number is required at all times.

Gift cards cannot be used as employee or non-employee compensation.

Gift cards issued to students for educational expenses and/or are educational in nature (laptops, lab supplies, textbooks, etc.) require financial aid reporting. All gift cards issued to employees are taxable.

The bank card cycle starts on the 16<sup>th</sup> of the month and ends on the 15<sup>th</sup> of the following month. I must submit the appropriate documentation as described below along with the card statement in Buyways within 30 days of the statement end date.

Issuances of gift cards should be documented in a log (spreadsheet), or by individually collected receipts which include the date of issuance, purpose, card amount, and signature of recipient. When signatures cannot be obtained, other proof of distribution such as an email can be provided. For gift cards issued to employees, an employee ID must be provided.

I understand that I should only purchase gift cards as needed and I am required to upload required documentation showing proof of distribution within a month of the statement end date.

If I do not submit my documentation in Buyways or use this card for the intended purpose, the privilege to use my card may be suspended or revoked and I may be required to pay back the University for the amount of the gift cards purchased for which I cannot provide required documentation.

This card will expire at the return/end date listed above. I must apply for another US Bank Declining Balance card after this card expires, no extensions will be provided.

If I want to cancel/close the card, I must request this to the UMass Bank Card Team to [upst@umassp.edu](mailto:upst@umassp.edu) and provide the reason for closure.

If I lose my card, I must immediately notify US Bank who will close and reissue a new card. US Bank can be reached at 800-344-5696.

Supervisor Acknowledgement: By approving the issuance of this US Bank Declining card to the designated cardholder, as Supervisor/Manager, I agree to be responsible for charges made by the cardholder.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cardholder Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Investigator (If on Sponsored Projects)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Controller's Office Signature

\_\_\_\_\_  
Date

Mail Completed Form to: [advancesandgifts@admin.umass.edu](mailto:advancesandgifts@admin.umass.edu)