



# San Francisco Department of Public Health

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Director of Health

City and County of San Francisco  
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Mayor

## San Francisco Department of Public Health Policy and Procedure

<b>Policy and Procedure Title:</b> <b>DPH Policy for VISA and Mastercard Prepaid Gift Cards</b>	
<b>Category:</b> Fiscal	
<b>Effective Date:</b> 8/15/2022	<b>Last Reissue/Revision Date:</b> n/a
<b>DPH Unit of Origin:</b> Finance	
<b>Policy Contact:</b> Drew Murrell, Deputy Financial Officer	
<b>Phone Number:</b> 415-554-2539	
<b>Distribution:</b> DPH-wide (Central, ZSFG, & LHH)	<b>If not DPH-wide, other distribution:</b> N/A

In conjunction with Treasurer and Tax Collector’s (TTX) Citywide Visa/Mastercard Gift Card Policies and Procedures Guideline, the Department of Public Health (DPH) restricts the purchase of these *reloadable* and *non-reloadable* prepaid gift cards (“prepaid cards, gift cards or cards”) to purpose(s) defined by specific DPH programs. Prepaid gift card purchases outside the scope of these authorized programs are prohibited.

Prepaid gift cards are considered equivalent to cash and petty cash funds. Therefore, strict protocols and controls must be developed and implemented to a) maintain accountabilities for all prepaid gift cards purchased and distributed, and b) avoid mishandling, misuse, abuse, and theft of prepaid cards. City employees may not be recipients of prepaid gift cards.

The term prepaid card can be construed as any form of financial instrument that gives the cardholder or recipient purchasing power based on the amount loaded onto the card. Once the amount is spent, the card is deemed unusable until funds are added. Examples are VISA Prepaid Gift Cards and US Bank VISA Reliacards.

### **I. PROGRAMS**

#### *A. Program Eligibility Requirements for Clients and Patients*

1. Prepaid cards can be given to individuals as determined by the issuing DPH Programs, such as but not limited to individuals experiencing homelessness, housing insecurity, food insecurity and poverty, unemployment, isolation, age, disability, and vulnerable households due mixed immigration status. It can be issued as temporary emergency and disaster relief assistance to qualified beneficiaries.
2. Prepaid cards can be given to benefit DPH program clients and patients to support their therapeutic goals and immediate needs. Therapeutic and program goals are those that directly benefits individuals by assessing and addressing their socio-economic status, psychological well-being, emotional state, or mental health issues, through relevant and meaningful interventions and system of care.

3. Each DPH Program must have a defined criterion for providing prepaid cards to participants as a form of incentive. The written document must be in place so that any goal-setting activity will be the basis of each beneficiary to receive the prepaid cards. Goals may serve as incentives to encourage participants to meet health goals (e.g., mental health wellness and recovery goals), assist DPH (e.g., outreach and client engagement activities), or other health purpose.
4. Participants receiving prepaid cards that are purchased with City funds cannot be City employees and its immediate family, contractors or other staff working on behalf of DPH. If a city employee were to receive a prepaid card from a City-funded program, this will have tax implications for the employee/recipient and may pose serious concerns regarding possible conflicts of interest.
5. Prepaid card beneficiaries who are under age 16 will be issued in the name of the parent or legal guardian with an explanation from the DPH Program that the card is intended for the benefit of the eligible child/youth.

*B. Goals Clients and Patients Must Meet to Be Eligible Must Be Set in Advance*

1. DPH Program Managers must establish in advance the goals clients and patients must achieve for them to qualify to receive gift cards. Goals may serve as incentives to encourage clients and patients to meet health goals (e.g., mental health wellness and recovery goals), assist DPH (e.g., outreach and client engagement activities), or other health purpose.
2. The DPH Program's pre-set goals must be established within specific areas of client and patient achievement and within a specified timeframe.
3. Clients and patients must present—and DPH Program Managers must verify—sufficient and appropriate proof that they met the program goals that entitle them to receive gift cards.

## **II. PREPAID GIFT CARD PURCHASES**

*A. Authorization to Purchase*

1. The Health Commission must approve the department's general use and purchase of prepaid cards as incentives to departmental program beneficiaries.
2. The DPH Program Director or Manager requesting prepaid cards and the DPH CFO or their designee must approve each purchase of prepaid cards for the program.

*B. Funding Source*

1. Each program must provide a funding source that will support the purchase of prepaid cards.
2. In cases where prepaid cards are purchased with specified funds the use of which is restricted, the use of the prepaid cards must be subject to the same restrictions as the use of the specified funds.
3. Prepaid card purchases must be listed as an approved use of the specified funds.

C. *Actual Purchase*

1. Prepaid gift cards must be purchased through the department’s contracts and accounting units, in coordination with the Tax Collector’s Office (TTX)
2. Prepaid gift cards must be purchased from City-approved vendors.
3. The value of each gift card purchased for a program may not exceed \$50 per card.
4. The number of gift cards purchased for a program may not exceed the anticipated 12-month quantity.
5. Prepaid gift cards may not be purchased using departmental procurement cards (P-Cards).
6. Employees may not purchase gift cards as a reimbursable expense.

D. *Inventory Receipt* – please refer to sections V and VI that deals about distribution and record keeping.

**III. SEPARATION OF DUTIES**

There must be a different person responsible at each stage in the handling and transfer of gift cards. In cases of inadequate staffing, the DPH program will provide explanation on their gift card certification requesting that the DPH Program card custodian will also handle other functions. DPH Fiscal Unit and Controller’s Office will review and may grant exemption on a case-to-case basis. Any exemption granted is subject to annual review.

<i>Function</i>	<i>To be handled by</i>
a. Requesting the order of gift cards	*Assigned DPH Program Staff #1
b. Approving the order of gift cards	authorized signatory from DPH Program
c. Purchasing the gift cards	DPH Fiscal Unit and completed by TTX/CON
d. Receiving the gift cards	*Assigned DPH Program Staff #2
e. Distributing the gift cards	*Assigned DPH Program Staff #3
f. Monitoring the usage of the gift cards	DPH Program Manager and <u>Program Card Custodian</u>
g. Conducting periodic inventory of the gift cards	*Assigned DPH Program Staff #4 and DPH Fiscal Unit

- a) *Custodianship function* – The DPH Program Card Custodian is in-charged of monitoring of gift cards. This function includes storing the gift cards in a safe place after receipt, ensuring that only authorized personnel have access to the cards, maintaining the inventory and distribution records and reconciling the cards with the records. DPH Program Card Custodian(s) must be ready for an on-site audit.
- b) *Administrative function* – The DPH Program Director or Manager must ensure that this policy is being followed by the program. S/he will establish procedures to ensure eligibility requirements

are observed. S/he will approve all the purchase request form(s).

- c) *Fiscal function* – the DPH Fiscal Unit’s procurement team will review all relevant documentations and process the purchase request form(s) in PeopleSoft. The DPH Fiscal Unit will also maintain a separate inventory record documenting the store name, card value, number of cards ordered and received by (issued to) the DPH Programs. This inventory record will be used as a basis of auditing the DPH Programs. DPH Fiscal Unit will issue the “Gift Card Acknowledgement Receipt” form to document the DPH Program’s receipt of gift cards.
- d) *Purchasing function* – The Tax Collector’s Office (TTX) provides order instructions, for either reloadable or non-reloadable cards, based on Department’s needs. The Controller’s Office will approve the purchase request form(s) initiated by the DPH Fiscal Unit.
- e) *\*Other functions* – DPH program to assign staff
  - 1) *Requesting orders* - DPH Program to assign Staff #1 to handle this function.
  - 2) *Receiving orders* - DPH Program to assign Staff #2 to handle this function. Once the orders are received, Staff #2 will provide a copy of the properly acknowledged packing slips to DPH Fiscal Unit.
  - 3) *Distribution* - DPH Program to assign Staff #3 to handle this function.
  - 4) *Inventory* - DPH Program to assign Staff #4 to handle this function.

#### **IV. PREPAID GIFT CARD ORDERING PROCESS**

All orders must be submitted to TTX at least 14 business days prior to date of need. Immediate processing of rush orders is not guaranteed. DPH Program(s) may opt to order prepaid cards directly mailed to beneficiaries or mailed to DPH programs/clinics for later distribution.

##### *A. Purchasing of Prepaid Cards*

- 1. To follow existing procurement processes established by TTX and Controller’s Office. For inquiries, please contact [TTX.BankingTreasuryAccounting@sfgov.org](mailto:TTX.BankingTreasuryAccounting@sfgov.org)
- 2. If gift cards are to be distributed via mail, the assigned DPH program staff will indicate on the gift card issuance logbook the address of the recipient and the reason why the physical distribution is not possible. In recruiting for client participants in the group, the incentive for receiving gift cards for participation is part of the announcement (e.g., communicated in the recruitment flyer). Clients are always notified of gift cards in advance. The gift cards are then discussed in more detail during the client assessment (i.e., when we assess for client's fit to join the group), and in the first session. Gift cards are tied to attendance and to achievement of therapy goals. This is communicated in every group session. Clients receive gift cards at the end of the group. On the last session, it will be communicated that gift cards are mailed to them. The person/staff designated to distribute the gift cards is in-charge of mailing them. Programs may set up to have a mailing system facilitated by program staff (e.g., clinic's administrative assistant). Mailing with tracking will be used to ensure delivery of gift cards to the clients. Mail with tracking capability should ensure mail does not get lost. In the event of loss, gift card will be replaced and recorded appropriately.

##### *B. Steps in Requesting Reloadable Prepaid Cards*

1. **DPH Program Staff #1** completes “Reloadable Card Order Request Form” (**Appendix B**) and Shipping Information (**Appendix D**).
  - a) **DPH Program Staff #1** submits the “Reloadable Card Order Request Form” (**Appendix B**) and all other necessary supporting documents to the following DPH offices for review and processing.

DPH Accounting Unit	Contact Information
DPH – Central Administration	<a href="mailto:1380howardfiscal@sfdph.org">1380howardfiscal@sfdph.org</a>
ZSFG and Jail Health Services	<a href="mailto:yingying.wang@sfdph.org">yingying.wang@sfdph.org</a>
LHH and Health at Home	<a href="mailto:ellen.pon@sfdph.org">ellen.pon@sfdph.org</a> & <a href="mailto:crystal.wu@sfdph.org">crystal.wu@sfdph.org</a>

- b) **DPH Program Staff #1** submits the Shipping Information (**Appendix D**) directly to TTX (see step 4 below).
2. **DPH-Fiscal Unit** creates direct payment voucher in FSP, entering the following information:
  - a) Invoice Line Description: To begin with “**DPH-XXXX-GC**”, XXXX means **DPH-Fiscal Unit** assigned program code.
  - b) Under payment information, Remit to 0000008865, Location: Wire-22, Address: 1.
  - c) Under payment options, Bank: BOA, Account: 0806, Method: WIR.
  - d) Under Payment Information, Scheduled Due: same date to be entered on ACH request (see step 3 below)
  - e) Add AOSD Fund Accountant as final approver.
3. After voucher is approved, **DPH-Fiscal Unit** submits ACH request on TTX banking portal: [ACH Request \(https://sftreasurer.org/banking-investments/banking-services-city-departments\)](https://sftreasurer.org/banking-investments/banking-services-city-departments) ) and attaches a signed copy of the Order Request form (**Appendix B**).
  - a) For Payment Request Type: ACH Request
  - b) For the “DATE PAYMENT IS DUE (SETTLEMENT DATE)”, enter 2 business days from date of submission
  - c) For ACH or Fedwire ABA Routing Number: 322285846
  - d) For Beneficiary Bank and Name: US Bank
  - e) For Beneficiary’s Full Address: 200 South Sixth St, Minneapolis, MN 55402
  - f) For Beneficiary’s Account Number: 6014072821335
4. **DPH Program Staff #1** forwards the completed Shipping Information (**Appendix D**) as Excel spreadsheet to TTX Treasury Analyst.
5. TTX reviews request, validates, processes order and will send confirmation to **DPH Program Staff #1**.

*C. Steps in Reloading Funds to Reloadable Prepaid Cards*

1. **DPH Program Staff #1** completes “Reloadable Card Order Request Form” (**Appendix B**).
  - a) **DPH Program Staff #1** submits the “Reloadable Card Order Request Form” (**Appendix B**) and all other necessary supporting documents to DPH offices for review and processing.

DPH Accounting Unit	Contact Information
DPH – Central Administration	<a href="mailto:1380howardfiscal@sfdph.org">1380howardfiscal@sfdph.org</a>
ZSFG and Jail Health Services	<a href="mailto:yingying.wang@sfdph.org">yingying.wang@sfdph.org</a>
LHH and Health at Home	<a href="mailto:ellen.pon@sfdph.org">ellen.pon@sfdph.org</a> & <a href="mailto:crystal.wu@sfdph.org">crystal.wu@sfdph.org</a>

- b) Allow at least 2 weeks from time FSP voucher is submitted to allow enough time for CON to approve and TTX to process ACH.
2. **DPH-Fiscal Unit** creates direct payment voucher in FSP, entering the following information:
    - a) Invoice Line Description: To begin with “**DPH-XXXX-GC**”, XXXX means **DPH-Fiscal Unit** assigned program code.
    - b) Under payment information, Remit to: 0000008865, Location: Wire-22, Address: 1.
    - c) Under payment options, Bank: BOA, Account: 0806, Method: WIR.
    - d) Under Payment Information, Scheduled Due: same date to be entered on ACH request (see step 3 below)
    - e) Add AOSD Fund Accountant as final approver.
  3. After voucher is approved, **DPH-Fiscal Unit** submits ACH request on TTX banking portal: [ACH Request \(https://sftreasurer.org/banking-investments/banking-services-city-departments\)](https://sftreasurer.org/banking-investments/banking-services-city-departments) ) and attaches a signed copy of the Order Request form (**Appendix B**).
    - a) For Payment Request Type: ACH Request
    - b) For the “DATE PAYMENT IS DUE (SETTLEMENT DATE)”, enter 2 business days from date of submission
    - c) For ACH or Fedwire ABA Routing Number: 322285846
    - d) For Beneficiary Bank and Name: US Bank
    - e) For Beneficiary’s Full Address: 200 South Sixth St, Minneapolis, MN 55402
    - f) For Beneficiary’s Account Number: 6014072821335
  4. After signing ACH DocuSign, **DPH Program Staff #1** submits modified **Card Account Detail Report** with reload amount to TTX Treasury Analyst.
    - a) Using the **Card Account Detail Report** provided by TTX, **DPH Program** deletes any rows that are not eligible for reloading, leaving only the rows for reload
    - b) Inserts column after column P and label “Re-load Amount”
    - c) Types in the re-load amount
  5. TTX reviews request, validates, processes order and will send confirmation to **DPH Program Staff #1**.

*D. Steps in Requesting Non-Reloadable Prepaid Cards*

1. **DPH Program Staff #1** completes “Non-Reloadable Card Order Request Form” (**Appendix C**).
2. **DPH Program Staff #1** submits the “Non-Reloadable Card Order Request Form” (**Appendix C**) and all other necessary supporting documents to DPH offices for review and processing.

DPH Accounting Unit	Contact Information
DPH – Central Administration	<a href="mailto:1380howardfiscal@sfdph.org">1380howardfiscal@sfdph.org</a>
ZSFG and Jail Health Services	<a href="mailto:yingying.wang@sfdph.org">yingying.wang@sfdph.org</a>
LHH and Health at Home	<a href="mailto:ellen.pon@sfdph.org">ellen.pon@sfdph.org</a> & <a href="mailto:crystal.wu@sfdph.org">crystal.wu@sfdph.org</a>

3. **DPH-Fiscal Unit** creates direct payment voucher in FSP, entering the following information:
  - a) Invoice Line Description: To begin with “**DPH-XXXX-GC**”, XXXX means **DPH-Fiscal Unit** assigned program code.
  - b) Amount: total card amount plus the \$2.00 fee per card.

- c) For example, 10 cards for \$25 each = 10 x (\$25+\$2.00) = \$270.00
  - d) Under payment information, Remit to 000008865, Location: WIRE-14, Address: 1.
  - e) Under payment options, Bank: BOA, Account: 0806, Method: WIR.
  - f) Under Payment Information, Scheduled Due: same date to be entered on ACH request (see step 2 below)
  - g) Add AOSD Fund Accountant as final approver.
4. After voucher is approved, **DPH-Fiscal Unit** submits ACH request on TTX banking portal: [ACH Request \(https://sftreasurer.org/banking-investments/banking-services-city-departments\)](https://sftreasurer.org/banking-investments/banking-services-city-departments) and attaches a signed copy of the Order Request form (**Appendix C**).
    - a) For Payment Request Type: ACH Request
    - b) For the “DATE PAYMENT IS DUE (SETTLEMENT DATE)”, enter 2 business days from date of submission
    - c) For ACH or Fedwire ABA Routing Number: 322285846
    - d) For Beneficiary Bank and Name: US Bank
    - e) For Beneficiary’s Full Address: 200 South Sixth St, Minneapolis, MN 55402
    - f) For Beneficiary’s Account Number: 6013650048899
  5. **DPH Program Staff #1** forwards the completed Shipping Information (**Appendix D**) as Excel spreadsheet to TTX Treasury Analyst.
  6. TTX reviews request, validates, processes order and will send confirmation to **DPH Program Staff #1** with expected delivery date

## **V. DISTRIBUTION & RECORD KEEPING OF PREPAID CARDS MAILED TO CLIENTS/BENEFICIARIES**

### *A. Validation of Ordered Mailed to Clients/Beneficiaries*

1. Upon receipt of **Card Account Detail Report** from TTX, **DPH Program Staff #2** will verify that the client information and card amount match Appendix D and relay the report to **DPH Program Card Custodian** for subsequent monitoring.
2. **DPH Program Staff #2** to immediately notify TTX if there is a discrepancy and incorrect information.
3. **DPH Program Staff #3** completes the **Card Distribution Log, Appendix H**.
4. Under the Received by (Signature), **DPH Program Staff #3** notes that the card was “Mailed”.
5. **DPH Program Staff #3** checks the completed **Appendix H** against **Appendix D** and approves the Card Distribution Log.

### *B. Monthly Inventory of Mailed Cards*

1. On the 1st day of every month, TTX will provide DPH Program (c/o **DPH Program Card Custodian**) a **Card Account Detail Report** on the status of cards mailed to clients. The report lists all cards purchased since the department started ordering prepaid cards. The report includes card status: activated (AC), pre-activated (PA), and inactive (IA).
2. **DPH Program Card Custodian** will notify the appropriate DPH Program staff if a client has not activated card within 30 days. The DPH Program staff will check directly with client on the status of the card.
3. If the client has the card but has not activated it, the DPH Program staff will inform client that he/she has up to 60 days to activate the card before it is canceled.
4. If the card has been lost or is not activated within 90 days, **DPH Program Card Custodian** will notify TTX to cancel the card.

## VI. DISTRIBUTION & RECORD KEEPING OF PREPAID CARDS MAILED TO DPH PROGRAM UNITS/CLINICS

### A. *Inventory Receipt and Validation*

1. **DPH Program Staff #2** must review, sign, and date packing slips of the prepaid card shipments. Upon receipt of the order, verify the card amounts and number of cards matches order request. **DPH Program Staff #2** to relay the gift cards to **DPH Program Card Custodian** for safekeeping.
2. **DPH Program Staff #2** to immediately notify their DPH Program Manager and TTX if there are discrepancies.
3. **DPH Program Card Custodian** to complete receipts form with serial number (10-digit number found on the outside of the card envelope), value of each card, and date received. Refer to Appendix E for the sample receipts form.
4. **DPH Program Card Custodian** to sign the completed form and submit to DPH Program Manager for review and signature.
5. **DPH Program Card Custodian** to update and maintain inventory records with the name to whom cards are issued, issued date, and program/event name. Refer to Appendix F for the sample inventory spreadsheet.
6. **DPH Program Card Custodian** must promptly record any damaged prepaid card and returns in the inventory records, and contact TTX.

### B. *Prepaid Card Distribution*

1. DPH Program Manager or its designee should review and approve all eligibility documentation of each beneficiary prior to each round of card distribution.
2. DPH Program should maintain complete and accurate distribution records. The DPH Program Manager or its designee must review and approve such records before each round of gift card distribution.
3. During the distribution of prepaid cards to the beneficiaries, the assigned **DPH Program Staff #3** maintains a distribution log to ensure each client signs off upon receipt of the card. At the end of each activity, any extra cards should be returned to the assigned **DPH Program Card Custodian** along with the distribution log containing the recipient's signature. Refer to **Appendix H** for sample card distribution log.
4. After each distribution, the **DPH Program Card Custodian** will update the inventory spreadsheet, see **Appendix F**.
5. If the recipient's names are confidential due to Health Insurance Portability and Accountability Act of 1996 (HIPAA) rules, use the person's initial/alias/code and the DPH Program staff must countersign on the distribution log. Confidential information that includes client and patient names must be available for audit purposes.

### C. *Monthly Review of Distributed Cards*

1. On the 1<sup>st</sup> day of every month, TTX will provide the DPH Program (c/o **DPH Program Card Custodian**) a **Card Account Detail Report** on the status of cards issued to clinics. The report lists all cards purchased since the department started ordering prepaid cards. The report includes card status: activated (AC), pre-activated (PA), and inactive (IA).
2. **DPH Program Card Custodian** will forward the report to the appropriate DPH Program staff.
3. **DPH Program Card Custodian** will notify the appropriate DPH Program staff if a client has not activated card within 30 days. DPH Program staff will check directly with client on the status of the card.



4. If the client has the card but has not activated it, the DPH Program staff will inform the client that he/she has up to 60 days to activate the card before it is canceled.
5. If the card has been lost or is not activated within 90 days, **DPH Program Card Custodian** will notify TTX to cancel the card.

*D. Inventory Records*

DPH Program(s) that store prepaid cards must use the following internal controls:

1. **DPH Program Staff #4** to conduct inventories of pre-paid cards.
2. Verify the physical inventory count matched with the inventory records.
3. Sign and date after the physical inventory count were completed. Refer to **Appendix G** for sample physical inventory count form.
4. Conduct periodic (weekly, monthly, or quarterly) count as determined by the department for the subject program. All physical inventory counts must match to the inventory records.
5. Adjust inventory records to reflect the actual physical inventory count upon review and approval by management.
6. Any instances of loss, theft, fraudulent use, or abuse of prepaid cards must be immediately reported to DPH Fiscal Unit. The fiscal unit should investigate instances of reported loss, theft, fraudulent use, or abuse of prepaid cards, as it deems necessary. Note the reasons of the discrepancies.
7. The DPH Fiscal Unit must monitor and audit the usage of distributed prepaid cards no less frequently than annually. The department must determine and state in writing the required frequency of the audit, and the frequency may vary by program.
8. Report to management and investigate any discrepancies in the quantities and amounts between the physical inventory counts and inventory records.
9. Review and approve any adjustments to inventory records. This must be done by management.

*E. Inventory Storage and Security*

1. The DPH Program must assign a designated **DPH Program Card Custodian** who will monitor the prepaid cards.
2. After the prepaid cards are issued to the **DPH Program Card Custodian**, the cards must be kept in a safe location that should be locked with restricted access to authorized personnel only before the cards are distributed to the clients.
3. Ensure access rights are immediately terminated once the employee no longer need access.
4. Exercise dual custody controls always during each stage of handling and transferring prepaid cards.
5. Using performance measurement systems, hold appropriate personnel accountable for accomplishing consistent, and accurate physical inventory counts.

**VII. PREPAID GIFT CARD USAGE BY RECIPIENTS**

1. Gift cards must be provided only to clients and patients only as incentives for participating in the program.
2. Gift cards must be used only for the purposes stated and determined by the department for the program.
3. The value of gift cards distributed to each client or patient must not exceed the per-person limit determined by the department for the program.

4. Gift cards cannot be used to purchase prohibited items as defined by the City's Admin Code (e.g., sweetened, and alcoholic beverages, etc.), including program materials, as specified by the program.
5. Any instance of loss, theft, fraudulent use, or abuse of gift cards must be immediately reported to the department's fiscal office. The fiscal office should investigate instances of reported loss, theft, fraudulent use, or abuse of gift cards, as it deems necessary.
6. The DPH Fiscal Office must monitor and audit the usage of distributed gift cards no less frequently than annually. The department must determine and state in writing the required frequency of the audit, and the frequency may vary by program.

#### **VIII. RECORD RETENTION**

1. DPH Program retains all the supporting documentation for a minimum of five years according to Citywide Financial Records Retention and Destruction Schedule.
2. All records and physical cards are subject to audit by **DPH Fiscal Unit** and Controller's Office.

#### **IX. PREPAID GIFT CARD CERTIFICATION (Appendix A)**

1. DPH Programs using prepaid cards must have a policy describing their prepaid card program. The policy must be consistent with the guidelines of this policy.
2. DPH Programs requesting prepaid cards must certify details of their prepaid card program including the purpose of the prepaid card program, method to store prepaid cards, method of reconciling and accounting for prepaid card inventory.
3. DPH Programs must resubmit the certification to DPH Fiscal Unit when personnel assigned to prepaid card tasks are changed.

#### **Reference Material:**

City policies and procedures on the acceptance of gifts.  
Appendices A to H

**San Francisco Department of Public Health  
VISA/MASTERCARD PREPAID GIFT CARD CERTIFICATION**

<i>Name of Gift Card Program</i>		<i>DPH Division</i>	
<i>Name of Program Contact</i>		<i>Program Contact Number</i>	
<i>Purchasing Contact</i>		<i>Accounting Contact</i>	

<b>A. Purpose and Goals of the Gift Card Program</b> <i>(please provide a thorough description)</i>
<b>B. Estimated Number of Gift Cards to be Purchased in a 12-month Period</b> <i>(please provide a thorough description)</i>
<b>C. Funding Source</b>
<b>D. Location and Method to Securely Store Gift Cards</b> <i>(please provide a thorough description)</i>
<b>E. Method and Frequency of Physical Inventory of Gift Cards</b> <i>(please provide a thorough description)</i>
<b>F. Method and Frequency of Reconciliation of Gift Cards and Inventory Log</b> <i>(please provide a thorough description)</i>
<b>G. Additional Information</b> <i>(please provide a thorough description)</i>
The program and its partner agencies (if applicable) will ensure that each beneficiary will not receive gift cards more than \$600 annually.

**SEPARATION OF DUTIES**

*(If staffing requirements would allow, please indicate staff name for each function below)*

Request the order of gift cards <i>(Program staff #1)</i>		Distribute the gift cards <i>(Program staff #3)</i>	
Approve the order of gift cards		Monitor usage of the gift card <i>(card custodian)</i>	
Purchase the gift cards	DPH Fiscal and TTX	Periodically inventory the gift cards <i>(Program staff #4)</i>	
Receive the gift cards <i>(Program staff #2)</i>			

**ACKNOWLEDGEMENT**

*I hereby certify that I have read the DPH Policy for VISA and Mastercard Prepaid Gift Cards and will pass the information to my program/unit. I also certify that gift cards will be distributed to clients and patients and no gift*

**San Francisco Department of Public Health  
VISA/MASTERCARD PREPAID GIFT CARD CERTIFICATION**

*cards will be distributed to DPH employees, contractors or other staff working on behalf of DPH. I further certify that any changes to any information contained herein will be communicated to DPH Fiscal Unit so we can submit the necessary amendments.*

Printed Name and Signature:

Date:

Appendix B

Sample Reloadable Card Purchase Request Form

CITY AND COUNTY OF SAN FRANCISCO  
**RELOADABLE CARD PURCHASE REQUEST FORM**

A. Prepared By _____	Phone Number _____
Department / Unit _____	Agency Name (optional) _____

B. Cards Request

	Number of Cards	Project Name	Per Card Amount	Extended Cost
1.				\$ -
2.				\$ -
3.				\$ -
4.				\$ -
5.				\$ -
6.				\$ -
7.				\$ -
8.				\$ -
9.				\$ -
10.				\$ -
Total number of cards				Card Total
0				\$ -

PeopleSoft Chartfield info.

Bus Unit	Dept ID	Fund Code	Authority Code	Project Code	Activity Code	Account Code
SFGOV						549990

C.  Initial this box to certify the gift cards are not issued to City employees, contractors and vendors and not intended for payment of service fees/goods.

By signing below, you are certifying that you have verified and validated accuracy of data on the shipping info template submitted to TTX for processing and all terms and conditions from the approved policy and procedure have been met.

D. Approvals

Authorized approver (print name & title) \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Signature \_\_\_\_\_

Use if secondary approval required (optional)

Print name & title \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Signature \_\_\_\_\_

----- TTX USE ONLY -----

Reviewed _____	Entered _____
Approved _____	Released _____

Appendix C

Sample Non-reloadable Card Purchase Request Form

CITY AND COUNTY OF SAN FRANCISCO

**NON-RELOADABLE CARD PURCHASE REQUEST FORM**

A. Prepared By _____ Department / Unit _____	Phone Number _____ Anticipated Deliver By Date* _____ <i>* Request must be submitted to TTX at least 14 business days prior to deliver by date</i>
---	--

B. Delivery Information Employee Name _____ Phone Number _____	Delivery Address _____ _____ _____
--	--

C. Cards Request (attach second sheet if needed)

Number of Cards	Project Name	Per Card Amount	Extended Cost	
1.			\$ -	
2.			\$ -	
3.			\$ -	
4.			\$ -	
5.			\$ -	
6.			\$ -	
7.			\$ -	
8.			\$ -	
9.			\$ -	
10.			\$ -	
Total number of cards		Card Fee (\$2.00 each)	Card Total	Estimated Total
0		\$ -	\$ -	\$ -

PeopleSoft Chartfield info.

Bus Unit	Dept ID	Fund Code	Authority Code	Project Code	Activity Code	Account Code
SFGOV						549990

D.  Initial this box to certify the gift cards are not issued to City employees, contractors and vendors and not intended for payment of service fees/goods.

E. Approvals

Manager (print name & title) \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

Use if secondary approval required (optional)

Print name & title \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

-----  
TTX USE ONLY

Reviewed _____	Entered _____
Approved _____	Released _____



Appendix E

**City and County of San Francisco  
Department of Public Health**

Sample Receipt Form

	Card Serial Number	Card Amount
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

	Card Serial Number	Card Amount
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		

Date Received \_\_\_\_\_

Checked By \_\_\_\_\_

Order correct? Yes or No  
If not, immediately notify TTX and manager

Signature \_\_\_\_\_

Date Manager Received \_\_\_\_\_

Manager verified order is correct?

Manager Signature \_\_\_\_\_





Appendix G

**City and County of San Francisco  
Department of Public Health  
1380 Howard Street, #418  
San Francisco, CA 94103**

Physical Inventory Count

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

	<b>Card Serial Number</b>	<b>Amount</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Inventory Check Date \_\_\_\_\_

Checked by: \_\_\_\_\_

Inventory as listed? Yes or No  
If not, note any issues

Signature \_\_\_\_\_

Appendix H

**City and County of San Francisco  
Department of Public Health**

Card Distribution Log  
For  
(name of event/project)

	<b>Card Serial Number</b>	<b>Amount</b>	<b>Received By (Print)</b>	<b>Received by (Signature)</b>	<b>Date Received</b>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Distributed by:

\_\_\_\_\_  
DPH Program Staff (name/signature) & date