

Gift Card Distribution & Tracking Form

Return to Accounts Payable once all gift cards are distributed						
Purpose of Gift Ca Payments	rd					
Name of Purchase	r					
Banner ID						
Department						
Local Phone Numb	er					
GIFT CARD ACQUIS	SITION: HOV	WERE GIFT	CARDS PURCHAS	ED? Select one of	the options below	
Via Expense C	laim: Submit t	his form with you	ır completed Business Exp	oense Reimbursement Fo	rm	
Via PCard: Subr	mit this form wit	h your PCard Mo	nthly Statement			
GIFT CARD AMOU	NT INFORM	ATION				
Total Dollar Amoun	sed	4471011				
GIFT CARD RECIPIE			T			T -
Name/Identifie		nner ID # Employee)	SIN # (If non-employee)	Date (Date Received)	Recipient Signature/Initial	Amount
	(11	Litipioyeej	(II non-employee)	(Date Neceived)		
				Total dollar a	mount of gift cards distributed	
Dollar amount of gift cards remaining						
AUTHORIZATION				Donai e	amount or gift cards remaining	
Distributor Name				Witness Name		
Signature				Signature		
Date				Date		
By signing this section, I certify that I distributed the gift cards as outlined above.				By signing this section, I certify that I witnessed the disbursement of the above gift cards.		
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