



## **Gift Card Distribution & Tracking Form**

Submit to Accounts Payable once all gift cards are distributed			
Name of Purchaser			
Department			
Local Phone Number			
INDICATE METHOD USED TO PURCHASE THE GIFT CARD(S). Select one of the options below			
□Via Expense Claim: Submit this form with your completed Business Expense Reimbursement Form			
□Via PCard: Submit this form with your PCard Monthly Statement			
GIFT CARD AMOUNT INFORMATION			
Gift Card Retailer			
(No Prepaid Credit Cards / Amazon Cards)			
Type of Gift Card	☐ Chip Card	☐ e-Gift Card	☐ Paper Voucher
Reason for Providing Gift Card			
Total Dollar Amount of Gift Card(s) Purchased			
GIFT CARD INFORMATION			
Name	Date	Recipient Signature/Initial	Amount
	(Distributed to Recipient)		
		Total dollar amount of gift cards distributed	
Dollar amount of gift cards remaining			
AUTHORIZATION		Total Control of the	
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.	