

GIFT CARDS

Employee Requesting Gift Cards: _____

Date: _____ Number of/Amount of Gift Cards: _____

Purpose of Gift Cards: _____

STUDENT/PERSON RECEIVING GIFT CARDS

1. _____ Amount Received: _____
Signature of Person Receiving

2. _____ Amount Received: _____
Signature of Person Receiving

3. _____ Amount Received: _____
Signature of Person Receiving

4. _____ Amount Received: _____
Signature of Person Receiving

COMPLETION

After completion please return to the Treasurer's Office.

Employee/Advisor _____ *Date* _____ *Building Principal* _____ *Date* _____

Treasurer's Office Use: Acct. # Fund _____ SPCC _____

Purchase Order # _____ Check # _____

Treasurer's Signature _____ *Date* _____