

CENTRAL UNIFIED SCHOOL DISTRICT GIFT CARD DISTRIBUTION FORM

SITE OR DEPARTMENT: _____ PURCHASE ORDER #: _____ QTY PURCHASED: _____

NAME OF VENDOR WHERE GIFT CARDS WERE PURCHASED: _____

NAME OF INDIVIDUAL WHO PURCHASED CARDS: _____

PROGRAM NAME (I.E. PBIS, SLIP, ETC.): _____

	LAST 4 DIGITS OF GIFT CARD	RECIPIENTS NAME	DATE CARD WAS ISSUED	AMOUNT OF CARD
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

TOTAL NUMBER OF CARDS DISTRIBUTED: _____

EMPLOYEE DISTRIBUTING CARDS SIGNATURE: _____ DATE: _____

EMPLOYEE'S SUPERVISOR'S SIGNATURE: _____ DATE: _____

TOTAL # OF GIFT CARDS RETURNED TO DO (if Applicable): _____ DATE: _____

DISTRICT EMPLOYEE'S SIGNATURE _____ DATE: _____