GIFT CARD INVENTORY / RECIPIENT FORM

To be completed by Department purchasing Gift Card(s)

Gift Card(s) Purchased by (Name): _____ **Dept:** _____ **Date:** _____

Gift Card Name	Gift Card $ Amt	Reason for Gift	Date Given	Name of Gift Card Recipient (Please Print)	S-Number If Employee/ Student Ph # for Non-Employees	Index for Charging Benefits Exp (If Employee)

BCM Purchase Approver Name (print): _____

BCM Review &Approval of Cards

BCM Purchase/Inventory Approval (Sign & Date): _____

Disposition (sign & date): _____

Note: Submit a copy of form to Payroll or A/P in same pay period cards are distributed.

Revision Date: 07/2016