

Gift Card Log	
Requested by	
Department	
Date	
Contact: Name/Number	



	Date Distributed	Name of Recipient	Card #	Amount	Status (Employee*/Student or Other**)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
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21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

* Employees - please submit appropriate documents to HR per the Gift Card Policy

** Student or Other - please attach a W-9 for these individuals to this form