

**Gift Card Log**  
*(Use as many pages as necessary)*

<b>Responsible Employee:</b>	<b>Department Name:</b>	<b>Date of Gift Card Log Completion:</b>

**Purpose of Gift Card Distribution:**

PRINT Name	FULL Perm. Address	Employee? (see note)	EMPLID (for EEs) SSN (for non-EEs)	Gift Card Value	Gift Card Serial # (last 8 digits)	Date Received	Signature Acknowledging Receipt

Note - Please say "yes" if the recipient was an employee at any point in the calendar year, including student employment.