



## Gift Card Reconciliation

**Department:** \_\_\_\_\_  
**Index Code:** \_\_\_\_\_  
**Account Code:** \_\_\_\_\_  
**Purchase Date:** \_\_\_\_\_  
**Gift Card Vendor:** \_\_\_\_\_  
**Total Amount:** \_\_\_\_\_

<b>Gift Card Purpose:</b>	
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Purchase Method	P-Card (last 4 digits)	Inv #	Scan/Attach to original paperwork

Gift Card Recipient Details	Student ID	First Name	Last Name	Gift Cert Value
<i>List all students receiving gift cards</i>				

Contact Info	Name	Phone	Email
<b>Department Contact</b>			
<b>Service Center Contact</b>			