GIFT CARD EXPENSE FORM

DATE:_____ CUSTODIAN:_____

LOCATION:_____

SUMMARY OF EXPENDITURES

DESCRIPTION	DATE	AMOUNT
TOTAL		$

RECONCILIATION:

Total Amount of Gift Card	$
Total of Receipts Attached	$
Remaining Amount on Gift Card	$
Total of Gift Card	$

I certify that the above detailed information is correct to the best of my knowledge and belief.

Preparer's Signature:_____ Date:_____