

Lackland ISD
Gift Card & Prize Issuance/Receipt Form

Gift Card or Prize Issued to Employee

Date Issued: _____

Issued to: _____ Campus/Dept. _____

Type of gift card/prize: _____ Amount/FMV: _____

Purpose/Reason: _____

I, _____, acknowledge that I am aware that the Internal Revenue Service requires my employer to tax all cash, cash equivalent (gift card), and prize awards.

Issued by

Received by

Date

Date

Payroll Use

Date of payroll check: _____

Processed by: _____