Kilgore Independent School District

Student/Campus Activity Account

Gift Card Receipt Form

The following gift cards were disbursed to and received by the following individuals for the purpose of:

Gift Card Vendor	$ Amount	Recipient's Name	ID#	Recipient's Signature

Sponsor Signature/Date

Principal Signature/Date

This form should be completed and submitted to the office within one week of disbursement to be used as an attachment to the Activity Account Check Request form.