



## SOUTH BEND COMMUNITY SCHOOL CORPORATION

### Gift Card Tracking Form

*The purchase and use of all Gift Cards needs to be approved, in advance, by the SBCSC School Board.*

*This form must be used regardless of the funding source at time of purchase.*

*This form must be used for all gift cards, whether receipt will be students or employees.*

Company/Business Card(s) Purchased From: \_\_\_\_\_

Gift Card(s) to be Used for: \_\_\_\_\_

Gift Card(s) Purchased Using Fund Line: \_\_\_\_\_ Gift Card(s) Received on Date: \_\_\_\_\_

Card Number	Amount	Recipient Name (Student or Staff Member)	Recipient School / Department	Name of Employee Checking Out	Signature of Employee Checking Out	Date Checked Out

*By signing below, I attest that the Gift Cards identified herein were used for the approved purpose(s) only. All unused gift cards are kept under lock and key and treated as cash.*

Responsible Employee's Name: \_\_\_\_\_ Signature of Employee: \_\_\_\_\_

**Send a copy of completed forms to: [auditor@sbcsc.k12.in.us](mailto:auditor@sbcsc.k12.in.us)**

South Bend Community School Corporation, 737 Beale Street, South Bend, IN 46616

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