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 receipient 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/Parent/Other)	Recipient School / Department	Name of Employee Distributing	Signature of Employee Distributing	Date Distributed

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

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

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