



## **Cabrini University** **Gift Card Recipient Form**

- Gift Card(s) distribution will require the receiver to acknowledge receipt of any and all Gift Card(s) by completing this form. For events with many awarded Gift Cards as prizes a list of recipient names is acceptable.
- Complete one (1) form for EACH Gift Card distributed to recipient and have duly signed.

**Recipient Name** \_\_\_\_\_

**Gift Card Merchant Name** \_\_\_\_\_

**Amount \$** \_\_\_\_\_ **Quantity** \_\_\_\_\_

**Recipient Type:**    \_\_\_ **Student**    \_\_\_ **Volunteer**    \_\_\_ **Grantee**    \_\_\_ **Alumni**

**Reason why the gift card was issued:** \_\_\_\_\_

**Method of Purchase:**    \_\_\_ **Cash**    \_\_\_ **PCard**    \_\_\_ **Purchase Order**    \_\_\_ **Campus Book Store - House Account**

**Last 4 Digits of PCard Charged** \_\_\_\_\_ **Date Charged to PCard** \_\_\_\_\_

**Date Charged to Campus Book Store - House Account** \_\_\_\_\_

\_\_\_\_\_  
**Date** \_\_\_\_\_

**Gift Card Recipient Signature**

\_\_\_\_\_  
**Date** \_\_\_\_\_

**Cabrini University Employee Distributor Signature**

**Department** \_\_\_\_\_

- *Distributing Employee is required to submit a copy of this completed and signed form or list with their monthly reconciled PCard statement or check request for reimbursement including all receipts.*