

## Roane State Community College Gift Card Log

Department Name \_\_\_\_\_

Custodian Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Contact Email \_\_\_\_\_

**RETURN LOG TO PURCHASING**

**WITHIN 10 DAYS OF LAST DISTRIBUTION**

	Control Number (Gift Card #)	Gift Card \$ Amount	Recipient Name	R #	Date Distributed or Returned to Purchasing
Gift Card 1					
Gift Card 2					
Gift Card 3					
Gift Card 4					
Gift Card 5					
Gift Card 6					
Gift Card 7					
Gift Card 8					
Gift Card 9					
Gift Card 10					
Gift Card 11					
Gift Card 12					
Gift Card 13					
Gift Card 14					
Gift Card 15					

Acknowledgment		Approved	
I hereby certify that the gift card(s) listed above were distributed in accordance with the purpose provided when card was requested. I further certify that all of the above information is complete and accurate and that I have returned all associated signature sheets and any unused gift card(s) to the Purchasing Office.			
		PRINCIPAL INVESTIGATOR (of grant)	DATE
Signature of Custodian	Date	DEAN / DEPARTMENT HEAD	DATE

