



HOWARD UNIVERSITY DEPARTMENT GIFT CARD DISBURSEMENT LOG

This form must be completed to record the distribution of all gift cards purchased by the department. The completed disbursement log along with the approved Purchase Request Form must be returned to AccountsPayable@Howard.edu

Department Name:	
Contact Person/Principal Investigator:	
Event Name/Program Title:	
Accountable Unit	
Spend Category / Project Number:	

Bank Order Number:	
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Beginning Purchase Amount:	\$
Amount PREVIOUSLY Distributed Under this Purchase Order, if any:	\$
Total Starting Balance, This Distribution:	\$
Amount of Gift Cards Distributed, This Distribution:	\$
Amount of Gift Cards Remaining:	\$ -

Recipient Name or Study Subject Number	Date Of Distribution	Recipient Status (Employee, Student, Other)	Employee or Student Only: Last 4 digits of SSN	Nonresident Alien: YES or NO (If Yes, attach Foreign National Information Form)	Gift Card Amount	Recipient Signature	Witness Signature
1.)							
2.)							
3.)							
4.)							
5.)							
6.)							
7.)							
8.)							
9.)							

* Use additional pages if needed

TOTAL DISTRIBUTED:	\$ -
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To the best of my knowledge, I certify that the above log is true and correct. I understand that I will be responsible for repaying Howard University in the event any of the incentives were accounted for improperly or inaccurately.

Budget Administrator: _____

Signature

Date

Finance Use Only:
AP or Payroll _____

Date Received: _____
Staff Initials: _____