



GIFT CARDS

For gift cards ordered by LHS for participants

LHS CONTACT: _____

PHONE: _____

DEPT: _____

DATE: _____

VENDOR	# OF CARDS	\$ EACH	TOTAL

PROGRAM NAME: _____ PROGRAM DATE(S): _____

PRG DESCRIPTION: _____

IF PAID BY C&G, FUND: _____

IF PAID BY C&G, FUND END DATE: _____

OF RECIPIENTS: _____

DISTRIBUTION DATE: _____

Recipient Name	Mailing Address	Bar Code #
1		
2		
3		
4		
5		

Please attach any additional pages (if more lines are required), as well as bluCard Authorization forms, vendor order information, emails, etc.

DEPT PICK-UP	PRINT:	INITIALS:	DATE:
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BUS OFF USE ONLY:	DATE:		# CARDS PICKED-UP:		GIVEN BY:	
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