

University of Florida - Gift Card Disbursement Log

Department Name: _____

Department ID: _____

Project _____

Research Participant	Address	Date	Amount of Card	Recipient's Signature
Total \$				

Preparer _____

This form is to be fax imaged into the voucher after the Gift cards have been distributed.

Phone number _____

Print the Bar Code Sheet on the voucher and fax to: 352-846-1020

E-Mail _____

Preparer must sign stating they have verified that no UF employees are issued gift cards.

Signature of Preparer: _____