

University of Florida - Gift Card Disbursement Log

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

Department ID: \_\_\_\_\_

Project \_\_\_\_\_

Research Participant	Address	Date	Amount of Card	Recipient's Signature
Total \$			0.00	

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: \_\_\_\_\_