

Gift Card Receipt



This form should be submitted with all reimbursement requests where a gift card was provided to another individual.

To Be Completed by Gift Card Receiver:

Name of Gift Card Receiver: _____

Phone Number: _____

Email: _____

Amount received (gift card value): _____

Gift card # _____

Date the money was received: _____

Recipient's Initials: _____

Date: _____

To Be Completed by Club/DSU Representative

Name of club/DSU: _____

Name of club/DSU executive: _____

Where is this money coming from?

Trust Account Number: _____

Amount to be taken from trust (CAD \$): _____

Grant Number: _____

Amount granted (if applicable): _____

Core Account: _____

Amount to be taken from core (CAD \$): _____

Representative's Initials: _____

Date: _____

Please return this form along with the cheque requisition form and any associated documents to the SFSS Student Centre (MBC 2270) for your reimbursement request to be processed.
If there are any questions, contact the SFSS Student Centre at studentcentre@sfss.ca