HABERSHAM COUNTY SCHOOL DISTRICT **GIFT CARD RECEIPT ACKNOWLEDGEMENT FORM**

School or Department: _____

By signing this form I acknowledge that I have received a gift card in the amount designated below for the purpose specified.

DATE OF RECEIPT	GIFT CARD VENDOR (Ex. Lowe's)	$ AMOUNT OF CARD	EVENT OR PURPOSE OF ISSUING GIFT CARD (Fall Festival prize; student recognition etc.)	PRINTED NAME OF RECEIPIENT	SIGNATURE OF RECEIPIENT

Bookkeeper Instructions: Please attach this completed form to the school check that was issued to pay for gift card(s). Revised 7/1/17