

Institute for Student Success Business Office

Gift Card Acknowledgment Form

ISSUED BY:

Event Date:

JUSTIFICATION/ BUSINESS PURPOSE:

Gift Card Vendor (one per form):

Please have all recipients complete the section below. Please print Student Name, include PeopleSoft # if applicable, and sign.

GIFT CARD RECIPIENT DETAILS

Card Value

Student Name & PeopleSoft #

Recipient Signature

I understand that purchasing gift cards beyond the event detailed above violates the University of Connecticut policy. I agree to submit a detailed listing of recipients within two weeks of the gift card purchase.

SIGNATURE

DATE

Upon completion, please send to Darren.Thorne@UConn.edu