



Bursar & Treasury Services

Finance & Administration

UNIVERSITY OF GEORGIA

Gift Card Reconciliation

Custodian Name: _____

Department: _____

Date of Reconciliation: _____

Gift Card Amount: \$ _____

<u>Denomination of Gift Cards</u>	<u>Quantity</u>	<u>Total</u>

Total Gift Cards in My Possession:

Gift Cards Disbursed*:

Logs on Hand Not Submitted on Payment Request:

Payment Requests in Progress:
(please attach list)

Total Funds Accounted For:

Discrepancy:

(if this is not \$0.00, please attach an explanation)

*Gift cards disbursed to other responsible individuals per policy must have a completed gift card reconciliation and signed by that individual submitted with this form.

I certify that on _____, I had in my possession and under my control _____ in gift cards and that these funds are being administered in compliance with campus policy and procedure number.

SIGNATURES ARE *NOT* REQUIRED FOR BIENNIAL SUBMISSION TO BURSAR & TREASURY SERVICES. APPROVAL WORKFLOW IS BUILT IN THE SMARTSHEET SUBMISSION PROCESS.

Reconciler Signature (cannot be the Custodian): _____

Custodian Signature: _____

Department Head/Director Signature: _____