



# 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.*

Reconciler Signature (cannot be the Custodian): \_\_\_\_\_

Custodian Signature: \_\_\_\_\_

Department Head/Director Signature: \_\_\_\_\_