



## Gift Card Inventory Form

Cardholders are required to complete and include this form with their monthly backup for both newly purchased and all undistributed gift cards.

Cardholder: \_\_\_\_\_

Last 4 of P-Card: \_\_\_\_\_

Department: \_\_\_\_\_

P-Card Reporting Cycle: \_\_\_\_\_

Purchase Date	# Purchased	# Distributed	# Remaining	\$ Per Card	Card Custodian (Name, Signature and Date)	Verified By: (Name, Signature and Date)

Total Remaining Cards: \_\_\_\_\_ Total Dollar Value of Remaining Cards: \_\_\_\_\_

I certify that the information above is accurate.

Supervisor or College/Division Administrator:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_