## SIGN OFF SHEET FOR DISBURSEMENT OF GIFT CARDS

Name of Event:	Date:			
Item or Amount Disbursed:				
2	<b>a</b>		Member's	
<u>Print Name</u>	<u>Signature</u>	<u>Date Received</u>	Social Security	Member's Address
	l		1	J.

EXA	MP	LE
-----	----	----

## SIGN OFF SHEET FOR DISBURSEMENT OF GIFT CARDS or CASH

Name of Event:	Date:
Item or Amount Disbursed:	