

Public Health Participation Gift Card Incentive Distribution Form



Department						
Fund Source Used						
Event						
Program Representative						
Date(s)						
Name/Identifier	Recipient Signature		Gift Card Issue Date	Gift Card No.	Type of Gift Card (i.e. Kroger, Walmart, Speedway, etc. NO VISA OR CASH CARDS ALLOWED)	Amount
Auditors have the right to request all invoices, purchase orders and any other support documentation pertaining to the purchase, distribution and administration of the gift card incentives.						