

# East Goshen H.S.A.

## Gift Cards Used for H.S.A. Committees

Committee/budget item: \_\_\_\_\_

Name of committee chairperson: \_\_\_\_\_

Committee budget: \_\_\_\_\_ and/or expected revenue: \_\_\_\_\_

Name of person submitting gift card expenses: \_\_\_\_\_

What is the gift card (example giant, Wegmens, etc) \_\_\_\_\_

The amount of the gift card: \_\_\_\_\_

Detail of expenses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*\*\*Attach all receipts and/or purchase orders in order to have check request processed. \*\*\*\*\***

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Initials: \_\_\_\_\_