

GIFT CARD DETAILS:

Date

EMPLOYEE GIFT CARD REQUEST FORM

Any gift card purchase intended for a Mission Public Schools employee, using school district operating or trust funds, requires the written approval of the Secretary Treasurer (or delegate) in advance of the purchase. In addition to ensuring appropriate use of public school district funding, the approval process will allow for appropriate treatment with respect to taxable benefits for the employee involved.

A separate request form is required for each individual employee recipient, and forms must be submitted to the Executive Assistant for the Secretary Treasurer.

Value of Gift Card (\$):		
Recipient Employee Na	ame:	
Recipient Employee Lo	cation:	
Purpose of Gift:		
Funding Source (Opera	nting, Trust Funds, Other):	
department. Please pr	ved, a signed copy of the form will be forwarded to coeed with the purchase, and then attach a copy nit another copy to the payroll department. Payro	of the gift card purchase receipt to the approved
A request that is declin	ned will be accompanied by an explanation or requ	uest for additional information.
Budget Manager	(Principal / Department Manager):	_
Signature		
Name		
Date		
Secretary Treasur	er (or Delegate):	-
Signature		
Name		