

CYPRESS BAY HIGH SCHOOL

GIFT CARD(S) DISTRIBUTION

Account Making Distribution: Name _____ /# _____ - 0000

I, the undersigned, certify by my signature below that I have received a GIFT CARD for the reasons stated in the dollar amount listed below –

DATE	PRINTED NAME OF RECIPIENT	SIGNATURE	AMOUNT
			\$
			\$
			\$

Explanation/Reason for Gift Card Award (Use Back of Form if More Space is Required): _____

ADMINISTRATION AUTHORIZATION REQUIRED
FOR GIFT CARDS EXCEEDING \$25.00*

APPROVED BY (Print) : _____, Administrator

SIGNATURE: _____, Administrator DATE: _____