

# OPERATION GIFT CARD

Contact Person: \_\_\_\_\_

Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone & Email: \_\_\_\_\_



## City Office Use Only

Date of Purchase	Amount	Date Received	Picture & Receipt	Paid
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
<b>TOTAL</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

\*\*\*A store specific picture of the giftcard and the proof of purchase (receipt) together must be submitted with this form\*\*\*

Submittal examples:

