

**FRANCIS MARION UNIVERSITY**  
**GIFT CARD DISBURSEMENT LOG**

Recipient Name or Research Study Number	Date of Distribution	Recipient Status (Employee, student, other)	Employee or Student Only: Last 4 digits SSN	Gift Card Amount	Recipient Initials
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
<b>Total Value of Gift Cards/Certificates disbursed:</b>					

**Note: Department should send a completed copy of this form to the Office of Accounting.**

Please see the [FMU Guidelines for Gift Card Usage](#) for retention requirements for this form.