

GIFT CARD TRANSACTION RECORD

Month of: _____

Name: _____ Address: _____

Service Provider/Staff Responsible: _____

Contact for Reporting and Authorization (refer to Appendix D): _____

Address: _____ Phone: _____

Person Assisting with Purchasing: _____ Phone: _____

DATE	EXPLANATION	GIFT CARD #	GIFT CARD IN	GIFT CARD USED	BALANCE	INITIALS
	Gift Card balance brought forward from previous month				1)	
Gift Card balance to be brought forward to next page						

DATE	EXPLANATION	GIFT CARD #	GIFT CARD IN	GIFT CARD USED	BALANCE	INITIALS
Gift Card balance brought forward from previous page						
					2)	
Total all gift cards in 3) & gift cards used 4) from each column above. Confirm the individual's gift card balances (actual amount) & enter into 5)			3)	4)	ACTUAL GIFT CARD BALANCES 5)	

MONTH END RECONCILIATION FOR CASH-ON-HAND*

- GIFT CARD BALANCE BROUGHT FORWARD FROM PREVIOUS MONTH 1) _____
- ADD TOTAL OF ALL GIFT CARDS IN FOR CURRENT MONTH +3) _____
- TOTAL OF GIFT CARDS IN & BALANCE BROUGHT FORWARD FROM PREVIOUS MONTH = _____
- SUBTRACT TOTAL OF ALL GIFT CARD MONIES USED FOR CURRENT MONTH FROM BALANCE ABOVE -4) _____
- TOTAL (CROSS CHECK FOR ACCURACY OF MONTH END BALANCE) 6) _____

<p>*GIFT CARD BALANCE BROUGHT FORWARD TO NEXT MONTH: This balance would be the actual total balance of gift cards that the individual should have in safekeeping at month end. The service provider is responsible for reimbursing the individual, where gift cards cannot be accounted for.</p>	
<p>*Explanation where 2), 5) & 6) are not the same:</p>	

RECONCILIATION: Do the following balances coincide in the record above: 2) last entry for balance of gift cards; 5) the actual gift card balances the individual has left; 6) cross check for accuracy of month end balance? Where these balances are not the same, make a thorough check of all additions and subtractions on this record and recount all gift card balances. Errors on this record should be crossed out with a line (do not use white out or erase errors) with the corrected amount entered and initialed by the service provider/staff person completing the reconciliation.

RECONCILED BY: _____ DATE: _____

POSITION: _____