



The Graduate Students' Association of Concordia University of
Edmonton

GSA Gift Card Form

Requested by: _____ Position: _____

Date Requested: _____ Signature: _____

Name of Event: _____

Organizer's Name: _____ Date of Event: _____

GIFT CARD DETAILS

PROVIDE THE FOLLOWING INFORMATION FOR ALL REQUESTS

All Information will be kept confidential and only used for the purposes of confirming receipt of gift card.

Item Description, Amount, & Vendor	Name of Individual Receiving Gift Card	Address & Phone #	Reason(s) For Giving Gift Card	Signature of Recipient

Approved by:

GSA VP Finance: _____

GSA President: _____

MUST BE ATTACHED TO AN EXPENSE FORM