## **Individual Gift Card Ledger**

Individual's Name:

Month/Year \_\_\_\_\_

Provider: \_\_\_\_\_

Individual Signature \_\_\_\_\_

## ATTACH RECEIPTS FOR ALL GIFT CARD EXPENDITURES.

Balance brought forward \$ \_\_\_\_\_

Date	Transaction Description	Deposit	Withdraw	Receipt #	Balance	Staff initials
	Amount Carried Forward					

Staff Signature: \_\_\_\_\_\_
Person Reconciling Signature: \_\_\_\_\_

Reconciled/Verified Date: \_\_\_\_\_

Please remember that someone other than the person handling the gift card will need to reconcile the ledger once every thirty days.