

GIFT CARD RECONCILIATION

Cutoff Date: _____

Program: _____

Physical Card Count

| <u>Vendor/Store</u> | <u>Location</u> | <u>Denomination</u> | <u># of Cards</u> | <u>Amount</u> |
|---------------------|-----------------|---------------------|-------------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Add:

Cumulative - Cards Given to Students: _____

Total Accounted For: _____

Less (For Comparison):

GL Account Balance: _____

Comparison Difference: _____

Explanation for Difference:

| |
|--|
| |
|--|

Completed by: _____

Date: _____

Reviewed by: _____

Date: _____