

CHINO VALLEY UNIFIED SCHOOL DISTRICT

Associated Student Body

Student Gift Cards

Check No. _____

School Name _____

Date _____

Club/Account _____

Advisor _____

Vendor _____

Amount: _____

Purpose _____

No.	Student Name	Student Signature	Date Rcvd	Reason	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

NOTE: Gift Card Log should be divided by denomination and by vendor or have a separate log per vendor. Gift cards are to be kept to a minimum as ASB funds are to be used on students as a whole and not individuals.

Distribution: WHITE - Business Office/Finance Clerk YELLOW - Club File