SUO Student Association Gift Cards Tracking Sheet

Event Name: _____

Event Date: _____ / _____ / _____
(dd / mmm / yyyy)

Reason for prize: _____
(e.g. prize for free raffle, trivia, team trivia etc)

Total Funds Raised from ticket sales: _____

President Signature: _____

Vice President Finance Signature: _____

GC Type & Amount	Student #	Student Name & Email Address	Student Phone #	Signature