

## **Gift Card Request Form**

Manager Requesting Gift Card(s)		Director of Agency/Department	
J process			<u> </u>
Employee Name(s)	Employee EIN(s)	Gift Card Amount	Vendor Name
Supervisor Signature			
Fiscal Manager Signature			
Director Signature			
Please submit this completed form to	•	Per	son Receiving Gift Cards:
giftcards@saltlakecounty.gov den gift cards cannot be requested at the value o	f\$10	Prin	nt Name:
ified employee is in pay status:		Sign	nature:
· · ·		1	

Salt Lake County Human Resources