

Cash and Gift Card Disbursement Form



CASH AND GIFT CARD VOUCHER DEPARTMENT OF LINGUISTICS

RECIPIENT INFORMATION

CONFIDENTIAL PARTICIPANTS (if no, provide name and sign below) YES NO

FIRST NAME:

LAST NAME:

CONFIRM RECEIPT OF CASH/GIFT CARD YES

RECIPIENT SIGNATURE:

DATE:

INITIAL (for confidential participants):

SIGNATURE OF PERSON PAYING OUT PARTICIPANT FEE:

PAYMENT INFORMATION

SERVICE PROVIDED:

DATE SERVICE WAS PROVIDED:

AMOUNT IN CAD:

NAME OF PERSON PAYING OUT PARTICIPANT FEE (*should not be claimant*):