

RSU 9
MT BLUE REGIONAL SCHOOL DISTRICT
129 SEAMON ROAD, SUITE 2
FARMINGTON, ME 04938

RECEIPT OF GIFT CARD OR CERTIFICATE ACKNOWLEDGEMENT

By signing below, I acknowledge receipt of the following:

GIFT CARD OR CERTIFICATE: _____
(Vendor Name)

AMOUNT: \$ _____

SIGNATURE: _____ DATE: _____
(Person receiving the gift card/certificate*)

PRINTED NAME: _____

* For multiple employees receiving a gift card/certificate, attach a spreadsheet with the list of names & their signatures.

TO BE COMPLETED BY EMPLOYEE DISTRIBUTING THE GIFT CARD/CERTIFICATE.

EMPLOYEE NAME: _____

PURPOSE FOR ISSUING GIFT CARD OR CERTIFICATE: (Be Specific)

Updated: 9/07/2023