**Gift Card Tracking Form**

**Rewarding Manager Information**

| **Manager Name:** |  |
| --- | --- |
| **Department:** |  |
| **Department ID:** |  |
| **Phone Number:** |  |
| **Email:** |  |

**Employee Reward Information** *– Please write legibly or type information for accuracy.*

| **Employee Full Name** | **Emp. ID** | **Gift Card Amount** | **Notes** |
| --- | --- | --- | --- |
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|  |  | $ |  |

# Return form via fax or email to: Uteam – Human Resources

**Fax 434-924-9117 or** **uteam@virginia.edu**