

**University of Central Arkansas**  
**Gift Card Recipient Form**

**Recipient Name (print)** \_\_\_\_\_  
**Recipient Phone #** \_\_\_\_\_  
**Recipient Address** \_\_\_\_\_  
**Recipient City/State/Zip** \_\_\_\_\_  
**Recipient UCA ID# or SSN** \_\_\_\_\_

The above recipient received a \_\_\_\_\_  
(type)  
gift card number \_\_\_\_\_ in the amount of \_\_\_\_\_  
for \_\_\_\_\_

**UCA EMPLOYEES AND IMMEDIATE FAMILY, GRADUATE ASSISTANTS AND STUDENT WORKERS SHOULD NOT RECEIVE A GIFT CARD.**

**I understand if I receive funds of \$600.00 or more in a calendar year from UCA or a UCA Agency Fund, I will receive a 1099. Funds may consist of checks, gift cards, wires, direct deposits etc. If I am a student, I should not be receiving a gift card from a major credit card merchants (Visa, Mastercard, Discover, American Express, etc.).**

_____ Signature of the Recipient	_____ Date
_____ UCA Witness	_____ Date