Giveaway Distribution Form

EventName:_____   Event Date: _____

Group:_____

Distributor Name: _____   Distributor Signature: _____

Email & phone: _____

Instruction:

1. Complete the **Item** and **Value** columns prior to printing.
2. Print the form, and take it to the event.
3. Have giveaway recipients complete the remaining columns by entering the necessary information next to the items they are receiving.
4. If the recipient is employed by the university, please fill out Employee ID (EID).
5. If the recipient is a community member, please fill out email & phone instead of PID/EID.
6. Submit this form with the corresponding reimbursement request.

Item	Value	Recipient Name (printed)	PID/EID/Email & Phone

If you need more space to fill out information, please use an additional copy of this form. Thank you.