MINNESOTA DEPARTMENT OF VETERANS AFFAIRS – Veteran Gift Certificate Log Sheet

Grantee Name: _____ Date: _____ Grant Project Name: _____ Grant Year(s): _____

Grantee Authorized Representative _____ Phone Number: _____

Gift Card Type (G – Gas, F – Food, L – Lodging, T – Taxi, B – Bus, H – Household Necessities)

DATE	BUSINESS NAME (e.g. Cub Foods)	BUSINESS ADDRESS	GIFT CARD TYPE	VETERAN NAME	VETERAN SIGNATURE	NOTES