



MINNESOTA DEPARTMENT OF VETERANS AFFAIRS – Direct Veteran Assistance/Gift Certificate Log Sheet

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

Grantee Authorized Representative _____ **Phone Number:** _____

Direct Veteran Assistance/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	GIFT CARD SERIAL NUMBER (e.g. G-1326679043)	VETERAN NAME	VETERAN SIGNATURE	GIFT CARD \$ VALUE	NOTES

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