



**MINNESOTA DEPARTMENT OF VETERANS AFFAIRS – Veteran 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, Budget Inn)	BUSINESS ADDRESS	GIFT CARD TYPE	GIFT CARD SERIAL NUMBER (e.g. G-1326679043)	VETERAN NAME	VETERAN SIGNATURE	GIFT CARD \$ VALUE	NOTES
						<b>Page 1 Total</b>		

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