LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

ADMINISTRATIVE SUPPORT BUREAU
GIFT CARD DISTRIBUTION CONTROL LOG

Facility Name: _____

	DATE	GIFT CARDS ISSUED TO: PRINT NAME	SIGNATURE	# OF CARDS	VALUE	SERIAL NUMBER
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Log Maintained By: _____ DATE: _____

VERIFICATION OF ISSUANCE: _____ DATE: _____

_____
OFFICIAL LOG