

**County of San Bernardino
Department of Behavioral Health**

**PREPAID DEBIT CARDS, GIFT CARDS AND GIFT
CERTIFICATES, VOUCHERS AND COUPONS,
INCLUDING BUS PASSES (“prepaid cards”)**

**REQUEST TO DISTRIBUTE PREPAID CARDS
(FORM MUST BE COMPLETED IN PERMANENT INK)**

DATE: _____

COST CENTER: _____ **Name of Cost Center:** _____

MERCHANT: _____
(Name of merchant such as OmniTrans)

TYPE OF CARD: _____
(i.e. bus pass)

PURPOSE OF DISTRIBUTION:

INTENDED RECIPIENT: _____
(NAME OF INTENDED RECIPIENT, IF THE RECIPIENT IS A CLIENT, PLEASE USE CLIENT NUMBER IN LIEU OF NAME)

Number of Cards	X	Denomination =	Amount
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
TOTAL AMOUNT:			\$

Employee Requesting Prepaid Cards: _____
(signature) (date)

(print name)

Approved by: _____
(Approver cannot be fund custodian and has to be of a higher-ranking job code than the requestor)
(signature) (date)

Cards Received by: _____
Signature of Recipient (date)

If Recipient of Cards is a Client, please indicate Client Number in lieu of printing name: _____