

Student Prize Form

Event Information:

Name of Program or Event: _____ Date: _____

Desired Goals/Outcomes: _____

Program/Event Coordinator: _____

Award/Prize Information:

Item Description: _____ Cost: _____

Serial # (if applicable): _____

OASIS Transaction ID: _____ (attach a copy of receipt)

Date of Purchase: _____

Recipient's Information:

Name: _____ A#: _____

Address: _____

E-mail address: _____ Phone #: _____

Signatures:

Program/Event Coordinator: _____ Date: _____

Recipient: _____ Date: _____

P-Card Coordinator: _____ Date: _____