

Use this form to report gifts, awards, rewards, prizes, and incentives

Gift H	Reportin	g Form
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Check all that apply: Employee Non-Employee	US Citizen\Resident Alien Yes No	
Gift Recipient:		
Name		
Address		
City	StateZip	
Employer Identification # or Social Security #		
Signature of Recipient		
(For additional recipients, attach a list which inclue	les all of the above information, including signature).	
Gift Description:		
Requesting Department		
Date of Gift	Date Gift was purchased	
Fair Market Value of gift	Cost of Gift	
How was gift purchased?		
Description of Cift		
Reason for Gift		

Funding Source(s):

Index Name	Index #	Account #	Amount
Authorization:			
Requester's Signature		Date	
Approving Authority		Date	
Approving Authority		Date	
Vice President Approval		Date	

If non-employee: Return completed form to Accounts Payable, 237 Schwartz Center If employee: Return completed form to Payroll, 236 Schwartz Center

3342-7-02.14: Administrative policy regarding gifts, awards, rewards, prizes, and incentives