

CAMPUS GIFT ACCEPTANCE REPORT

UDEV 100-3 (R10/04) 71461-257



Gift Administration Use Only

AIS Batch # _____

AIS Entity # _____

AIS Receipt/Gift # _____

1. DONOR NAME (Last, First, Middle Initial)		DaFIS DOCUMENT #	
2. ADDRESS OF DONOR (Street, City, State, Zip Code or Country)		5. DONOR REQUESTS CONFIDENTIALITY <input type="checkbox"/> Yes <input type="checkbox"/> No	
		6. BENEFITING SCHOOL/COLLEGE/OTHER	
		7. DEPARTMENT NAME	
3. DEPOSIT PREPARED BY	Phone No. (X-XXXX)	DEPOSIT AMOUNT	8. FORM OF ACKNOWLEDGEMENT <input type="checkbox"/> Letter <input type="checkbox"/> Card <input type="checkbox"/> Receipt

9. **DONOR INSTRUCTIONS/WISHES** (As stated by Donor) **DESCRIPTION OF PROPERTY** (If Gift In Kind)

SAMPLE

9a. TYPE OF USE <input type="checkbox"/> Endowed Use <input type="checkbox"/> Current Use	9b. SOURCE OF GIFT FEE <input type="checkbox"/> Gift-Deduct fee from the gift <input type="checkbox"/> Donor- The donor contributed an additional 6% to cover fee <input type="checkbox"/> Discretionary - The Dean/Vice Chancellor has elected to pay the fee from the following discretionary account DaFIS Account\$_____ Dean/Vice Chancellors Signature_____
	<input type="checkbox"/> Earnings- or gifts of \$100,000 or more. Approval letter Signed by Vice Chancellor, University Relations attached. <input type="checkbox"/> No Fee - Chancellor's approval exception - An exemption letter signed by the Chancellor attached.

10. DATE RECEIVED	11. GIFT PLEDGED	12. GIFT RECEIVED	13. GIFT-IN-KIND (VALUE)	GIK ESTABLISHED BY <input type="checkbox"/> Donor <input type="checkbox"/> Dept. <input type="checkbox"/> Other
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14. DEPARTMENTAL INSTRUCTIONS TO EXTRAMURAL ACCOUNTING FUND NAME:	15. LEGACY ACCTOUNT/FUND NO: DaFIS ACCT. NO.
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16. FORM PREPARED BY/CONTACT PERSON (Type Name)	DEPARTMENT & PHONE NO.	DATE
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17. SUBMITTED FOR ACCEPTANCE BY (Type Name/Signature)	TITLE	DATE
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18. **ATTACHED 700U IF DONOR SPECIFIED PI OR RESEARCH PROJECT** **DIRECT QUESTIONS TO OFFICE OF RESEARCH**

UNIVERSITY RELATIONS (TO OR) <input type="checkbox"/> GIFT <input type="checkbox"/> 700U DATE:		OFFICE OF RESEARCH (TO UR) <input type="checkbox"/> GIFT <input type="checkbox"/> NOT GIFT DATE: INITIALS:	
ACCEPTANCE BY (Type Name/Signature) Melissa Ivanusich		TITLE Gift Administration, Manager	ACCEPTANCE DATE