

Report of Gift Received by Department

Page 1 of 2

- This form must accompany all deposits for donations received directly by a department (not gifts made to the SOU Foundation). Return this form along with the donation to the cashier windows in Enrollment Services at Britt. Retain a copy for your own records.
- Cashiers, use detail code C004 and the donor's name (last name first) for the description.
- Forward completed report to Business Services.
- See page 2, for multiple donors.

Person submitting report/dept.:	Date:
Donor Name:	
Donor Address:	
Type of Donation:CashCheck	VISA MasterCardIn-kind or other noncash gift
Amount of Donation: \$	_ Charge Card # Expiration
used within the department, check the accompanied by a letter from the don correspondence from the donor that e General Departmental Op General Departmental Sch Specific Departmental Sch	nent but does not give any restrictions on how the funds are to be effirst choice below. In-kind or other non-cash donations should be for, describing the donation and the valuation. Include a copy of any elaborates on the purposes for which the funds are to be used. erational uses, no specific use within the department. holarships, no specific scholarship fund listed. holarship Fund (specify):
Gift index to be credited:	Index Title:
Donation Source Code to be us	ed:
 03611 Private Individual 03621 Commercial Busine 03631 Foundation, Associ 03641 Non-OUS Institution 	iation, & Society (excluding the SOU Foundation)
Acknowledgement of receipt of	the donation:
A letter acknowledging the receipt of	the donation will be issued by the Office of Development.
CASHIER US Banner Receip	SE: ot Number:



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Multiple Donors Page 2 of 2

- Use this page when you have multiple donors.
- The front page of this form must accompany this addendum.
- Each donor and amount should be listed separately.
- If the specified use of the donation, index code, or donation source code is different from the front page of this form, you must use a separate front page for that donor.

Donor Name:				-	
Donor Address:				_	
Type of Donation:CashCheckVISA MasterCardIn-kind or other non-cash gift. Check #, Check Date					
Amount of Donation: \$_	Char	ge Card #	Expiration		
Donor Name:				-	
Donor Address:				_	
Type of Donation:Ca			rdIn-kind or other non-	cash gift.	
Amount of Donation: \$_	Char	ge Card #	Expiration		
Donor Name:					
Donor Address:				_	
Type of Donation:Ca			rdIn-kind or other non-	cash gift.	
Amount of Donation: \$_	Charç	ge Card #	Expiration		
Donor Name:				-	
Donor Address:				_	
Type of Donation:Ca			rdIn-kind or other non-	cash gift.	
Amount of Donation: \$_	Charç	ge Card #	Expiration		
	CASHIER U	SE:			

Banner Receipt Number: