

GIFT IN KIND FORM

For Internal Use Only

Supporting Documentation must be attached

DEPARTMENT

Contact for Missing Information _____

Date _____

Project Name _____

Project Fund Number _____

Dean, Director, or Dept. Head accepting budget responsibility for gift maintenance, upkeep, inventory control & repair. _____

Telephone Number _____

Faculty Credit Employee ID _____

Department Name _____

Department Number _____

Recipient (College or Division) _____

DONOR

Donor Name -- Individual/Company _____

Telephone Number _____

(If Company, Please List Corporate Contact) _____

Address _____

GIFT INFORMATION AND VALUATION

Value of Gift: \$ _____ (Supporting Documentation MUST BE attached) Date Gift Received: _____

If gift value is greater than \$5,000, a Professional Appraisal is required. See GIFT-IN-KINDS instructions.

Description of Gift (Serial No., Brand Name, Model No., Age, etc.) _____

Describe how the gifts adds value to the university: _____

How does this gift support the mission of the University: _____

Indicate any business transactions related to the gift: _____

Did the donor receive benefits for the gift: NO: YES: If YES, description is required: _____

By signing below, you are verifying that the gift is appropriate to the program, the gift amount was provided by a qualified appraisal, or that the gift amount is accurately representative of the value to Clemson University, and the gift supports the mission of Clemson University.

APPROVALS

Department Head or Director Name _____

Signature of Department Head or Director and Date _____

Dean or Vice President Name _____

Signature of Department Head or Director and Date _____

Send original (with supporting documentation) to Gift Receiving Department, Tiger Park. Retain one copy in Department.