**CSUB Gift Acknowledgment Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Department Name: |  | Date of Event: |  |
| Event Name: | Total Participants: |
| T Reason for Awarding of Gift(s):  | Department Contact and Phone Number: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Printed Name of Recipient *or*****Research Study Participant Code** | **Signature of Recipient *or* Principal Investigator for Research Study Participant** | **Student ID # If not a Student, list as “Event Attendee” Not applicable for Research Study Participants.** | **Description of Prize / Value** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |

***Attach completed form to the ProCard reconciliation packet with 1) a copy of the approved Gift Pre-Authorization Request Form and 2) the original receipt.***

***Use the ProCard Reconciliation Form on the*** [***Forms Gateway***](https://www.csub.edu/forms/sta_fac/index.html)***.***

**Contact us at** **procard@csub.edu** **with questions.**

*July 25, 2023*