The **Gifts and Prizes Reporting Form** must be completed by any department that provides a gift or prize from the university to an employee or non-employee that meets one of the following criteria:

1. Cash and cash equivalent gifts of any value to employees;
2. Cash and cash equivalent gifts with a value greater than $75 to a non-employee; or
3. Non-cash gifts with a value of greater than $75 for either employee or non-employee.

|  |  |  |
| --- | --- | --- |
| **ONLY COMPLETE THIS SECTION IF THIS WAS A LENGTH OF SERVICE AWARD/ RETIREMENT GIFT** | | |
| Was the gift part of a meaningful presentation? (e.g. formal retirement banquet) | Has recipient been employed by DePaul at least 5 years? | Has another length of service/ retirement gift been provided to the recipient during this year or one of the prior 4 years? |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

The completed Gifts and Prizes Reporting Form must be submitted to the **Controller’s Office**.

DEPARTMENT:

PURPOSE OF THE GIFTS/PRIZES:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| GIFTS TO EMPLOYEES: | | | | | | |
| Receipt Date  MM/DD/YYYY | Name (Recipient) | Employee ID | Extension | Description of Gift | Value | Payment Source |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

BUDGET MANAGER’S NAME: SIGNATURE: DATE:

DEPARTMENT:

PURPOSE OF THE GIFTS/PRIZES:

BUDGET MANAGER’S NAME: SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| GIFTS TO NON-EMPLOYEES AND FOREIGN OFFICIALS: | | | | | | | |
| Receipt Date  MM/DD/YYYY | Name (Recipient) | Telephone Number | Description of Gift | Address | Value | US  Citizen | W-9/  W-BEN |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |