

California State University, Long Beach

REQUEST FOR PAYMENT OF GIFTS PRESENTED TO NON – EMPLOYEES ON BEHALF OF THE UNIVERSITY

Requestor: _____ **Division/Department:** _____

Payee Name: _____ **Form 204:** On File Attached
 Not Applicable (explain) _____

Amount: \$ _____ (please attach supporting documentation)

Disposition of the Checks Pick-up Mail to: _____

Funding Source (check appropriate box)

Revenue Fund (specify) _____ Trust Fund (specify) _____

Auxilliary Funding (specify) _____

Important: General Fund should not be charged for the cost of gifts.

Name and Title of University Official Presenting the Gift _____

Name and Title of Person Receiving the Gift _____
(please attach a separate list if more than one recipient)

Description of Gift Presented: _____

Location of Event: _____ **Date of Event:** _____

Explain how the event/occasion is in the best interest of the University

(please attach a separate statement, if necessary)

Detail of Allowable Gifts

<u>Description</u>	<u>Cost</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Cost of Gifts	\$ _____

Purchase Order # (if any) _____ **Charge to Account #** _____

AUTHORIZATION TO PAY

<u>Name</u>	<u>Title</u>	<u>Signature</u>	<u>Date</u>
_____	_____	_____	_____

(Please see back page for Exceptions to the Policy)

AUTHORIZATION FOR EXCEPTIONS TO THE POLICY

1. NAME OF THE INDIVIDUAL/ORGANIZATION ON WHOSE BEHALF THE EXCEPTION IS SOUGHT

2. NATURE FOR THE EXCEPTION *(please check appropriate box)*

Cost of Gift is over the maximum allowed by the policy

Other deviation from the policy *(specify)* _____

JUSTIFICATION FOR THE EXCEPTION

(Please explain below why the higher cost or other deviation from the policy is necessary to achieve the University business purpose.)

APPROVAL

(Must be a Vice President or higher)

Name

Title

Date
