

Gift Transmittal Form
NIH Policy Manual 1135 - GIFTS ADMINISTRATION
Appendix 1
Issuing Office: OFM 443-3184

Date: _____ IC: _____

IC Point of Contact (POC) (Name): _____

Telephone: _____ Fax: _____ Email: _____

Name of Donor: _____

Donor's Address: _____

Street: _____

City: _____ State: _____ Zip: _____

Country: _____

Donor Point of Contact (Name): _____

Telephone: _____ Fax: _____ Email: _____

Category of Gift

Check as applicable:

Monetary: Nonmonetary:

Subsequent receipt of a pledge:

Conditional: Unconditional:

Personal Property: Real Property:

Check #	Cash Amt./Value	CAN (optional)
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

Description and purpose of gift(s) inclusive of any donor imposed restrictions or conditions:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

NOTE: Please make every effort to combine gifts that fall into the same category on one Gift Transmittal Form.

IC Preparer of this form (Name) if different from above POC: _____

Date Check(s) Recieved by OFM Cashier: _____

_____: (Copy of Gift Transmittal Form to IC staff or courier)

OFM Cashier Signature

Gift Transmittal Control Number (TBD by OFM Cashier): _____