



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**GIFT TRANSMITTAL FORM**  
 NIH Policy Manual 1135 – GIFTS ADMINISTRATION  
 Appendix 1

**Issuing Office**  
 OFM 443-7836  
**Issuing Office E-Mail**  
 OFMPolicySupport@mail.nih.gov



DATE	IC
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IC POINT OF CONTACT (POC) (Name)

TELEPHONE	FAX	EMAIL
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NAME OF DONOR

**DONOR'S ADDRESS**

STREET	CITY	STATE	ZIP	COUNTRY
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DONOR POINT OF CONTACT (Name)	TELEPHONE	FAX	EMAIL
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CATEGORY OF GIFT (Check as applicable)	Check #	Cash Amt./Value	CAN (optional)
Monetary	1.		
Nonmonetary	2.		
Personal Property	3.		
Real Property	4.		
Subsequent receipt of a pledge	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) RECEIVED BY OFM CASHIER

OFM CASHIER SIGNATURE (Copy of Gift Transmittal Form to IC staff or courier)

GIFT TRANSMITTAL CONTROL NUMBER (TBD by OFM Cashier)