

OSU Foundation
 400 S Monroe
 Stillwater, OK 74074

GIFT DEPOSITS
 ADVANCE REIMBURSEMENTS

DATE: _____
 DEPT.: _____
 CONTACT PERSON: _____
 PHONE EXTENSION: _____

LIST CHECKS SEPARATELY/MUST BE PAYABLE TO OSU FOUNDATION

ADVANCE REIMBURSEMENT CASH NOT TO EXCEED \$50.00

This Section Must Be Completed For Each Deposit - Of the Total Amount for each entry, indicate the portion that is Gift, Non-Tax Deductible, or Advance Reimbursement

| Donor/Include Company Contact Person | Address | Donor/Solicitation Documentation Attached Yes/No If No, provide explanation below | Fund/Project# | Total Amount | Gift Amount | Non-Tax Deductible Amount | Advance Reimbursement Amount |
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Deposit Total \$ _____ - _____

If no donor/solicitation documentation attached (showing the fund/project or any special instructions on splitting gift amounts per fund), items below must be completed:

- Donor Intent obtained by _____ (assistant, development officer, dean, etc.)
- Donor Intent received via _____ (in person, telephone, e-mail, fax, etc.)
- Donor Intent received on _____ (date)
- Donor Intent received from _____ (donor or donor representative--indicate relationship to donor.)

If no donor intent documentation is provided, the donor will be contacted to obtain their intent.