EMAIL PRINT

BRIGHAM YOUNG UNIVERSITY

Gift Set-up Request

Return to Terilee Hutchings C-233 ASB

Date: _____ Gift Worktag _____
(Financial Services use only)

PLEASE PROVIDE THE FOLLOWING INFORMATION IN DETAIL.
ATTACH DOCUMENTATION EXPLAINING THE PURPOSE OF THE GIFT, INCLUDING COMMUNICATIONS WITH DONORS

1. Gift Name: _____

2. Gift Purpose (how it will be used): _____

3. Describe all sources of funds: _____

4. Types of expenditures: _____

Gift Manager:
Name _____

Gift Spend Approver:
Name _____

Cost Center # _____
College Division _____

Requested by (Dept use only) _____ _____ _____
Signature e-mail address Date

Business Partner Approval (Required) _____ _____ _____
Signature e-mail address Date

If e-mail address is provided, notification will be sent when Gift Worktag has been activated

Financial Services Use Only

UFS APPROVALS:

_____ _____
Director/Supervisor Date

_____ _____
Chief Financial Officer Date

Set up by _____ Date _____

Default Fund 20

Allowed Funds _____ _____

Program _____

Gift Classification Spendable

Gift Type Basic Gift

revised 11/7/24