

BRIGHAM YOUNG UNIVERSITY
Endowment Gift Number Set-up Request

Return to Kathleen Rugg C-233 ASB or ksr@byu.edu

Date: _____

Gift Worktag _____
(Financial Services use only)

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

1. Endowment Name: _____

2. Purpose of the Endowment (how it will be used):

3. Describe all sources of funds: _____

4. Types of expenditures: _____

5. Transfers needed to create the endowment (Cost Center/Activity + amounts): _____

6. Gift Manager:
Name _____
Cost Center # _____
College Division _____

Gift Spend Approver:
Name _____

Requested by (dept) _____
Signature _____ e-mail address _____ Date _____

Business Partner (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/Manager Date

Chief Financial Officer Date

Setup by Date

Name Approved by President's Council Date

Default Fund _____

Allowed Funds _____

Program _____

Gift Classification _____

Gift Type _____

Inspiring Learning _____