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 Pooled

Gift Type TE True Endowment

Inspiring Learning ☐

Revised 10/15/24