

**GIFT REPORTING FORM
MISSOURI STATE UNIVERSITY**

PERSON RECEIVING GIFT

Name _____

Title _____

SSN _____ M# _____

Address _____

City _____ State _____ Zip _____

DESCRIPTION OF GIFT

Date of Gift _____

Cost of Gift \$ _____

Reason for Gift _____

UNIVERSITY APPROVAL

Source of Monies Used (Indicate University or Foundation Account Title and Number)

Person Giving Gift _____ Date _____

Department Head Approval _____ Date _____

Dean Approval (when appropriate) _____ Date _____

Vice President Approval _____ Date _____