

## **NOTICE OF CASH GIFT TO LSU**

## AS522

Donor					
Address					
City, State, Zip					
Basic Gift ID		Amount			
Cost Center ID		Phone			
Cost Center Contact		E-mail			

## Purpose

Describe how this donation will be used by LSU

Please check one:

I certify that nothing of value was provided to the Contributor in return for this contribution.

Something of value was provided to Contributor. The dollar value and a brief description must be denoted below.

## Approvals

Note: Please attach all available supporting documentation.

Preparer Department Head		Print Name Print Name		Date	
Basic Gift Name					
Basic Gift ID		Gift	Purpose		
Approved By		Dat	e		
LSUAM All Basic Gifts		☐ LSUAM Gift Fringe Group 1 (44%) ☐ LSUAM Gift TR Group 1 (35%)		LSUAM   Miscellaneous Gifts	

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