



1123.1.1f – Gift/Prize/Award Documentation Form

Department Name: _____

Department Number: _____ Date: _____
(6-digit number)

Event Name (if applicable): _____

Full Name of Recipient: _____

Recipient PID#: _____ Home/Cell Phone Number: _____

Gift/Prize/Award Won: _____

Cost of item: _____

Value (if significantly different than cost): _____

Serial Number of Gift Card, Gift Certificate or Item (if applicable): _____

I certify that I am the recipient of and have received the gift/prize/award identified above. I understand that this gift/prize/award may be subject to federal and state tax reporting and/or withholding.

Signature _____ Date _____

For internal office use only

Completed by (Name and Phone Number): _____

Sent to University Payroll Services on:

Date: _____ By: _____

To ensure timely recording of this award for tax purposes, this form must be forwarded to the University Payroll Services within 7 business days of the gift/prize/award being awarded to the employee.