LOUISIANA STATE UNIVERSITY

Louisiana State University
Office of Accounting Services
Sponsored Program Accounting
240 Thomas Boyd Hall

NOTICE OF CASH GIFT TO LSU AS522

General Information

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	Print Name	Date
_____	_____	_____
Department Head	Print Name	Date

Sponsored Program Accounting

Basic Gift Name	LSUAM |		
Basic Gift ID		Gift Purpose	
Approved By		Date	

☐ LSUAM All Basic Gifts ☐ LSUAM Gift Fringe Group 1 (44%) ☐ LSUAM | Miscellaneous Gifts

☐ LSUAM | Reported to President ☐ LSUAM Gift TR Group 1 (35%) ☐ LSUAM | Tiger Athletic Foundation