University of Idaho Gift Transmittal Form		
	<b>Gift Adminis</b> Continuing Educatio Campus Zip 3147, Mo	tration Office n Building Room 117 oscow, ID 83844-3147 gifts@uidaho.edu
	Complete this form; attach checks/cash and Submit to the Gift Administration Office. Ple	ase contact us if you have any questions.
Section I:		Date:
College/Department Transmitting Gift:		
Department Contac	t Person:	Phone:
E-Mail Address:		
Section II:	Complete this Section for ALL Gifts	s - Attach copies of documentation
NOTE: Multiple checks/cash for the same designation may be batched and transmitted with one form; however Section III must still be completed. Indicate "BATCH" in Donor Name section; attach copies of company/individual documentation received with gift. If documentation does not include name, address, company representative name and title, attach additional sheet with the appropriate information listed.		
Donor Name:		
***Not required if	Street Address 1:	
correct address appears on check	Street Address 2:	
αμμεαιο στι στισετι	City:	State: Zip:
-	ny/foundation/organization:	
Representative: Phone Number: ()		
Title:		
Section III:	Complete this section	
		Please check if this is a pledge payment
J J	(GN000):	
	ns and/or Gift Comments:	
Other Budget # (If c OR Named Scholar	other than gift budget, i.e. AGY000): rshin Gift	Other Budget Name:
		arship,(Fund #, e.g. D37xxx, D39xxx, U56xxx)
Is this an Honor/Memorial Gift? If YES, list individual's name:		
(If <b>cash</b> was received, please attach a list of donor names and addresses to this form)		
Section IV:	Complete this section	on for NON-CASH gifts
Please circle the gift value: No Declared Value Donor's Declared Value Appraised Value   If Donor's Declared Value, list Amount Declared: \$		
Gift-In-Kind Designation Code (i.e. VIxxx):Department Receiving Gift:		
Detailed Description of Gift (include Serial/Model numbers): If you need more space, please attach sheet(s)		
Gift Location:		(for property inventory purposes)
Section V:		
Signatures as required by College/Department:		
Approved College/E Date	Department Signature Date	Secondary Signature (if needed)