

GIFT/DEPOSIT TRANSMITTAL FORM

(For transmittal of 20 items or less; use additional transmittal forms if more than 20 items)

Date of Transmittal:		Contact Name:		
Univ. Dept. or Org: _		Phone Number:		
Account Name Number:		Contact Email:		
These Items are: (Check ONE)	☐ Checks or Cash☐ Credit Card Charges	(Do not mix checks/cash and credit card charges on the same transmittal form.)		
These Items are: (Check ONE)	☐ Contributions	(tax-deductible items.)		
	☐ Other Deposits	(non tax-deductible items. Describe specific purpose and justification below. Please refer to Sec. 4.1 of the KU Endowment Fund Administration & Use Handbook to determine appropriateness of directing non-contribution deposits to KU Endowment.)		
Will this contribution	n provide funding to a research	ner, or a family member o	of a researcher, who have	
a financial or busines	s relationship with the donor?	☐ YES ☐ NO		
Explanation of Depos	sit:			
Deposit Amount: Ch	ecks: \$ Cash:	\$ Total (Checks + Cash: \$	
		Credit	Card Charges: \$	
Donor/Payor Name	(s): Address (if not on	attached materials):	Contribution Amount:	Other Amount: