|  |  |
| --- | --- |
|  |  |
| Request to Receive an In-Kind GiftComplete request and obtain approvals *before* accepting. |  |
|  Item |  Date |
|  |  |
|  Department Receiving the Gift |  College/Unit |
|  |  |
|  Donor Contact |  Company |
|  |  |
|  Address |  City, State, and Zip |
|  |  |
|  Phone Number/E-mail |  E-number |
|  |  |
|  Estimated Value (and check a block below): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Fund No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Written appraisal by qualified evaluators (not ETSU staff/faculty)
 | * Judgment of donor w/concurrence of dept. receiving the gift ***(if < $5K)***.

***Dept. Signature Required*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Description/Purpose of Gift, including how it will benefit ETSU and any costs/obligations incurred by accepting the gift:**

|  |
| --- |
|  |

**Notes:**

* In-kind gifts should be offered by the donor in writing. See GIK Policy, Attachment B for a sample.
Attach that document to this form.
* DO NOT accept the gift until this form has been approved

***Approval Routing (signatures indicate approval recommended unless otherwise noted)***

|  |  |  |
| --- | --- | --- |
|  **Requester** (Faculty Member/Department Head) Name and Signature |  |  Date |
|  |  |  |
|  **Unit Development Officer** (if applicable) Name and Signature |  |  Date |
|  |  |  |
|  **Chair/Director** (if applicable) Name and Signature |  |  Date |
|  |  |  |
|  **Dean/Vice President** (if applicable) Name and Signature |  |  Date |
|  |  |  |
|  **Chief Financial Officer** (review) Name and Signature |  |  Date |
|  |  |  |
|  **Vice President for Advancement** Name and Signature |  |  Date |
|  |  |  |

Address questions to your Unit Development Officer or University Advancement, Beth Wiley, wileybc@etsu.edu, 9-5722

Revised July, 2019