

The purpose of this form is to record receipt of non-cash goods provided or awarded by UNLV contests or giveaways. Non-Cash Giveaways of \$600 or more in a calendar year are required to be reported in accordance with IRS Regulations.

Please forward completed form and corresponding backup materials to accountspayable@unly.edu.

| · | • | ponding backup materials to accounts | _ | |
|---|-------------------------------------|--------------------------------------|---|--|
| Issuing Departme | ' | | - | |
| | | | | |
| Contact Name: | | | | |
| Phone: | | Date | 2: | |
| Recipient Information | | | | |
| Recipient Name: | | | *Please complete and attach W-9 or W-8BEN | |
| *If recipient is an Organi | zation, Primary Contact Name: | | · | |
| Address: | | | | |
| Phone: | Email: | | | |
| Giveaway Information | | | | |
| Giveaway | | | | |
| Description: | | | | |
| | | | | |
| | | | | |
| Giveaway | | | | |
| Purpose: | | | | |
| | | | | |
| | | | | |
| Fair Market Gift Amount: \$ | | | | |
| *Dept to attach purchase | or donation receipt of give-away it | em | | |
| The undersigned individual hereby acknowledges the receipt of aforementioned goods. | | | | |
| | | | | |
| Recipient Signature | | Date | | |
| I certify t | that the giveaway item(s) have | e been obtained within the UNLV Pu | urchasing Policy. | |
| Department Admin/Director/Dean | | Da | Date | |
| • | • | | | |