|  |  |
| --- | --- |
|  |  |
| Request to Receive an In-Kind GiftComplete request and obtain approvals *before* accepting. |  |
| Item | Date |
|  |  |
| Department Receiving the Gift | College |
|  |  |
| Donor Contact | Company |
|  |  |
| Address | City, State, and Zip |
|  |  |
| Phone Number/E-mail | E-number |
|  |  |
| Estimated Value (amount above and check a block below) | Fund Number |
| * Written appraisal by qualified evaluators (not University staff/faculty)
 | * Judgment of donor with concurrence of department receiving the gift (if less than $5,000) Departmental 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 (Please Print or Type the Names and Email Addresses Below)***

|  |  |  |
| --- | --- | --- |
| **Requester** (Faculty Member/Department Head) Name and Signature |  | Email Address |
|  |  |  |
| **Unit Development Officer** (if applicable) Name and Signature |  | Email Address |
|  |  |  |
| **Chair/Director** (if applicable) Name and Signature |  | Email Address |
|  |  |  |
| **Dean/Vice President** (if applicable) Name and Signature |  | Email Address |
|  |  |  |
| **Chief Financial Officer** (review) Name and Signature |  | Email Address |
| Christina Graham |  | grahamca1@etsu.edu  |
| **Vice President for Advancement** Name and Signature |  | Email Address |
| Pamela Ritter |  | ritterp@etsu.edu  |

Forward completed/signed form to University Advancement, advs@etsu.edu, 9-4242

Revised February 2023