	(To be comple	al Use Only: ted by the Office of Advancement)
Texas Tech University Health Sciences Cente Texas Tech University Foundation, Inc. Gift-in-Kind Information Form		Receive Gift

## **INSTRUCTIONS:**

This for is to be completed by Texas Tech University Health Sciences Center personnel who work with a prospective donor to secure a gift-in-kind (Gifts other than cash and securities). The gift must be officially accepted on behalf of an entity within the Texas Tech University Health Sciences Center or the Texas Tech Foundation, Inc., before a gift receipt can be issued for the gift. This form should be completed through Item 8 and forwarded to the Office of Institutional Advancement. To begin select the proposed receiving entity in the box above. If the property is to be sold, the receiving entity should be **HS** are any objections to the acceptance of the gift then respond, in writing, and forward the response and form to the contact person listed on page 2 under section 7.

State:

Zip Code:

Phone:

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## 4. GIFT RESTRICTION: Please check one

There are no restrictions, the property is completely unrestricted and undesignated.

There are restrictions on the gift that impose an obligation/limitation upon purpose/use of it by TTUS. The conditions are as follows:

If the gift is art, please check the entity to which it is being given:				
TTUS Public Art Collection	Southwest Collection			
Museum of Texas Tech	National Ranching Heritage Center			
International Cultural Center	Other:			

## 5. BENEFIT TO THE DEPARTMENT AND/OR PROGRAM: Usually completed by the administrative head of the department which will receive the gift.

## 6. EXPENSES CONNECTED TO GIFT:

Out-of-Pocket: (Transportation, set-ups, ta utilities, association due	ax <b>irs</b> surance, maintenance, s, major repairs, etc.)		
Source of Funds:			
Contingent Costs: (e.g., liens, mortgages, ea	sements, etc.)		
Source of Funds:			
Evidence of Ownership: (Attach copy of title, if app			
7. TEXAS TECH CONTA	CT:		
Name:		Title:	
Department/Unit:			Campus:
Address/MS:			
Phone:	E-mail:		

8. APPROVALS for HSC and/or TTFI: This form (together with any attachments) is to be routed through the following officer(s) in the order indicated below.

Department Chair of Administrative Head :	Date:
Development Officer:	Date:
Dean/Director:	Date:
Vice Chancellor for Institutional Adv.,	
Texas Tech University Health Sciences Center:	Date:
Museum Executive Director if gift is art:	Date:
Manager, Public Art Collection if gift is art:	Date:
Associate Vice President for Physical Plant and Support Services, if the gift involves chemicals or equipment requiring installation, service connections,	
and/or environmental temperature conditions:	Date:
Associate Vice President/Chief Officer for Information Technology, if gift is a computing gift:	Date:
Vehicle Fleet Manager if gift is a motor vehicle:	
Director of the Library, Texas Tech University Health Sciences Center:	Date:
Executive Vice President for Finance and Administration, Texas Tech University Health Sciences Center:	Date:
President, Texas Tech University Health Sciences Center if the Library gift exceeds \$50,000:	Date:
Board of Regents Unrestricted, if appraisal exceeds \$1,000,000 Restricted, if appraisal exceeds \$250,000 Real Property, if appraisal exceeds \$250;000	Date:
Texas Tech University Foundation Board of Directors, if TTFI is receiving entity of Real/Personal Property with the appraisal exceeding \$250,000:	Date: ATTACHMENT A Page 3 of 3 HSC OP 02.03 April 30, 2014