

Recipient Name:

## Taxable Gifts and Prizes to Non-FSU Recipients

## Gift/Prize Recipient Complete This Section

Social Security Number:

Street Address:				City, State, Zip Code:		
Email Address:				Phone Number:		
Signature:						
Under the penalties of perjury, I certify that:  1. The information supplied herein, including all attachments, is correct to the best of my knowledge, and  2. In doing business with Florida State University, I or my organization is in compliance with Chapter 112, Florida Statutes, conflict of interest, and I have disclosed the name of any FSU employee who owns, directly or indirectly, an interest of 10% or more in the above organization or any of its branches.						
Department Complete This Section						
Event/Reason	Date of Event	How Purchased	Voucher/ Expense Report	Descri	iption of Item	Value of Prize
Requested I	By:			Date Requested:		
Requested I				Date Requested:  Email:		
-	ne:					