



Taxable Gifts and Prizes to Non-FSU Recipients

Gift/Prize Recipient Complete This Section

Recipient Name:	<input type="text"/>	Social Security Number:	<input type="text"/>
Street Address:	<input type="text"/>	City, State, Zip Code:	<input type="text"/>
Email Address:	<input type="text"/>	Phone Number:	<input type="text"/>
Signature:	<input type="text"/>		

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	Description of Item	Value of Prize

Requested By:	<input type="text"/>	Date Requested:	<input type="text"/>
Phone:	<input type="text"/>	Email:	<input type="text"/>
Department Name:	<input type="text"/>	Department ID:	<input type="text"/>
Department Head/Budget Manager Signature:	<input type="text"/>		