University Nebraska-Lincoln

**Form for Reporting Non-Monetary Donation/Gift**

Return the completed form to: Office of Sponsored Programs (direct to appropriate Post-award Project Specialist)

151 Prem S. Paul Research Center

2200 Vine Street

Lincoln, NE 68583-0861

Please submit this form within 30 days of the receipt of a donation. A copy will be provided to Business and Finance.

1. Project Director
2. UNL College       Department
3. Donor
4. Description of Donation/Gift
5. Date donation was received
6. Estimated Value of Donation/Gift       (attach any/all documentation supporting the value)
7. Cost object for recording the donation 27-

(Donations are recorded in a specific donation account. It is necessary to record the revenue and a corresponding expense for the donation. The net effect to the account will be zero. If your department does not have an established donations/gift account, please contact your grant coordinator in Sponsored Programs.)

1. Type of Project:  Instruction  Training  Research  Fellowship

Student Aid  Extension/Public Service

1. Field:  Biological  Social  Physical  Medical/Dental  Arts

Humanities  Agricultural  Education  Engineering

1. Is this item required cost share for a grant or award? If YES, provide the WBS number of the award:

Project Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairman of Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean of College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_