

UNIVERSITY OF NEBRASKA - LINCOLN
FORM FOR REPORTING MONETARY DONATIONS

Complete this form to record **donations** made directly to the University of Nebraska-Lincoln. **This form should not be used for funding received in support of a sponsored project.** Donations or gifts may be for general purposes (e.g. endowment, capital projects, a line of research, faculty support, department support, library or arts support). There should be no deliverables, no obligation or agreement to share data, intellectual property or other rights. There should be no requirement for return of unexpended funds or a time-period for expenditure of the funds. There should be no requirement for reporting other than general stewardship and communications as a courtesy to the donor.

Attach the check or Bursar's Cash Receipt, sponsor letter and any other documentation received and send to the Office of Sponsored Programs – 151 Whittier Research Center (0861). Sponsored Programs will send an acknowledgement to the sponsor for all donations in excess of \$500.

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|-------------------------|--------------------|--------------|------------|
| Form Completed by _____ | Phone Number _____ | E-Mail _____ | Date _____ |
|-------------------------|--------------------|--------------|------------|

Donated to:

Faculty Name: _____ Department: _____

WBS Number _____ College: _____
(If left blank, a new one may be assigned.)

WBS Title: _____

Sponsor Identification:

Contact Name: _____ Company (if applicable): _____

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Funding:

Amount: _____ Date Received: _____

Signatures:

I certify that this amount is a donation to the University of Nebraska-Lincoln, that no goods or services have or will be provided to the company in exchange for this gift, that the company has not been promised or offered any data, patents, copyrights, or other intellectual property that may result from the work funded by this gift and that all rights reside with the University.

Faculty Date

Department Chair Date

Dean of College Date

For Sponsored Programs use only:

NUgrant Form Number: _____ by: _____ Date: _____

OSP Review by: _____ Date: _____