

GIFT TRANSMITTAL LIST

Received Date _____
 Delivered By (Dept. Staff) _____ Date _____
 Delivered To (VPDAR Staff) _____ Date _____
 Picked Up By (Gift Services Staff) _____ Date _____

(Please fill out information as applicable)

DONOR NAME	CHECK #	CC TYPE	CASH	GIFT AMOUNT
			TOTAL	

Note: Please prepare duplicate forms (photocopies are acceptable)
 1st Copy – To be provided to UTSA Gift Services
 2nd Copy – To be kept by the department delivering the gift payment