



University of Wisconsin-La Crosse
Gifts-In-Kind Transmittal Form

Name of Donor: _____

Address: _____

Donor Contact Information: _____

UW-L Department Receiving Gift: _____ Chair: _____

Specific Description of Gift: _____

Value of Gift Established by Donor (if any): _____

Restrictions (if any): _____

Description of any UW-L Obligations Associated with Receipt of the Gift Involving Delivery,
Installation, Repairs, Maintenance, Display, Operation, Storage, Etc.: _____

Department Chair _____ Date _____

The signatures of the Assistant Vice Chancellor for Financial Services and the Vice Chancellor for
University Advancement shall indicate the official acceptance of the Gift-In-Kind by University of
Wisconsin-La Crosse.

Approved, Assistant Vice Chancellor for Financial Services _____ Date _____

Approved, Vice Chancellor for University Advancement _____ Date _____

Campus Location of Gift: _____

(Copies will be sent to: Chancellor, Office of Sponsored Research, Scholarly & Creative Activities,
Assistant Vice Chancellor for Financial Services, Vice Chancellor for University Advancement, Business
Services and Donor).