

Awards & Gifts Form

Eligibility: Gifts can be given for a variety of reasons, to employees and non-employees. UC employees are eligible for gifts/awards under recognition, retirement, length of service, sympathy, and prizes. Non-employees can be provided with gifts/awards that are promotional, in recognition, and sympathy only.

Allowable Rates & Restrictions: Please reference the [Awards & Gifts Matrix](#) for a complete list of the types of awards, dollar amount restrictions, special requirements, and funding restrictions (i.e. State and Federal Funds).

Requests: All requests for the purchase of gifts/awards and for reimbursement of such items, should be accompanied by this form and submitted to Business Operations ServiceNow ticket system. Please be sure to include original, itemized receipts for all items purchased.

PAYEE / REQUESTOR INFORMATION	
Name:	Departmental Contact (if different from payee) Name:
Address:	
City, State, Zip:	Email:
Country:	Phone:
Is payee a UC Employee: <input type="radio"/> Yes <input type="radio"/> No	Notes:

**If more than one recipient, please attach list with each individual's info*

AWARD & GIFT RECIPIENT INFORMATION: Employee	
Name:	Employee ID #:
Type of gift purchased (select one):	
<input type="radio"/> Employee Recognition	<input type="radio"/> Sympathy Gift
<input type="radio"/> Retirement or Length of Service	<input type="radio"/> Prizes
<input type="radio"/> Parking Permit or Transit Pass	
<input type="radio"/> Other - describe: _____	

AWARD & GIFT RECIPIENT INFORMATION: Non - Employee	
Name:	Affiliation:
Type of gift purchased (select one):	
<input type="radio"/> Appreciation or Recognition	<input type="radio"/> Sympathy Gift
<input type="radio"/> Promotional	<input type="radio"/> Other - describe: _____

COA & APPROVALS *Acct # Employee: 780360, Non-Employee: 780358, Research/Grant: 730160									
Entity	Fund	Activity	Account	Function	Program	Project	Flex 1	Flex 2	Amount

Principal Investigator (PI) Signature _____ Date _____ SRP Signature _____ Date _____

FAO/ Department Head (Print Name) _____ Signature _____ Date _____

BUSINESS OPERATIONS USE ONLY: Exceptional Approvals *Required for exceptions to policy

Controller & Budget Director (Print Name) _____ Signature _____ Date _____

Dean (Print name) _____ Signature _____ Date _____