

## **Incentive/Gift Reporting Form**

On behalf of Liberty University, thank you for your participation in the University's mission. Please accept our gift as an acknowledgement of your efforts.

Recipient Informa	ation			
Name:		Affiliatio	on (choose one):	
			J Student or Employee	
Address:		LU	J ID#:	
		No	on-LU Affiliate	
Phone:		Attachm	ents:	
			<b>7-8BEN:</b> if recipient is a no	on-resident alien
			<b>7-9:</b> if gift is \$600 or more i	
			recipient is a Non-LU	<del></del>
Gift Information				
Cash/Ca	sh Equivalent <i>(gif</i>	t cards)		
4				
Amount: \$				
As the gift recipient, I Form 1099-MISC, or Fo		s gift may be considered taxa	able income and reportable to	o me on a Form W-2,
Recipient Signature: Date:				
Internal Use Secti	on:			
Document Numbe (ER Number or Banner I	_			
Approvals: Your signature confirms	s the items purchased	were distributed to someone otl	ner than yourself or your superio	ors.
Gift Awarder:				
	Printed Name	Signature	Date	Submit to:
Budget Manager:	Printed Name	Signature	Date	Accounts Payable acctspay@liberty.edu

For questions regarding gift reporting and policies, please contact Accounts Payable by email at acctspay@liberty.edu or by phone at (434) 592-3328.