

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	ition		
Name:		Affiliation (choose one):	
		LU Student or Employee	
Address:		LU ID#:	
		Non-LU Affiliate	
Phone:			
		W-8BEN: if recipient is a 1	
		W-9: if gift is \$600 or more	
		recipient is a Non-L	U Affiliate
Gift Information			
Cach/Ca	sh Equivalent (g	rift cards)	
	•		
Other (pu	- Lase describe) .		
Amount: \$			
	_		
As the gift recipient, I from 1099-MISC, or Fo		his gift may be considered taxable income and reportable	e to me on a Form W-2,
FORIII 1099-WH3C, Or FO	ormi 1042-5.		
Recipient Signature: Date:			
1 0			
Internal Use Section	on:		
Document Numbe	r of Purchase:		
(ER Number or Banner I	PO Number)		
Approvals: Your signature confirms		ed were distributed to someone other than yourself or your super	riors.
Gift Awarder:			
	Printed Name	Signature Date	Submit to:
Budget Manager:			Accounts Payable
	Printed Name	Signature Date	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) 592-3166.