Georgia Tech Foundation (GTF)
Gift Transmittal Form

Department Receiving the Gift: _____ **DATE:** _____

Department Contact Person: _____ **Phone:** _____ **Fax:** _____

DONOR NAME: _____

CONTACT NAME/TITLE: _____

ADDRESS: _____

Street **City** **State** **Zip**

TELEPHONE: _____

Please deposit this check as follows: ☐ Check Attached route to GTF ☐ No check route to Gift Accounting

1. GTF Project # _____ **Title:** _____ **Amount: $**_____

PS Project ID # _____

2. GTF Project # _____ **Title:** _____ **Amount: $**_____

PS Project ID # _____

Purpose/Description of Funds: _____

_____

_____

All GIT Budgets will be established as "Other Memo."

Required for all new accounts:

Title: _____ Amount: $_____GTF Acct # (Assigned by GTF)_____

Funds will be used as follows: ☐ Instruction ☐ Research ☐ Other Sponsored: _____

Effective Date: _____ Expiration Date: _____

Project Director: _____ Department: _____

☐ Billing Required? ☐ Financial Reports Required? ☐ Other Requirements: _____

Potential Use: ☐ Any ☐ Faculty ☐ Student ☐ Facilities ☐ Program

Owner Type: ☐ Individual PDPI ☐ Chair ☐ Department Head ☐ Activity/Program

Project Type: ☐ GTF Budgetary ☐ Current-Expendable ☐ Endowment

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Authorized Signature: _____ **Date:** _____

Printed Name: _____ **Department:** _____

ALL CORRESPONDENCE AND RELATED DOCUMENTATION MUST BE ATTACHED