

# Gifts and Special Favors Report

Ref#: CNS/ \_\_\_\_\_

**This form must be completed immediately after the receipt of the gifts or special favors.**

Name: \_\_\_\_\_ Payroll Number: \_\_\_\_\_

Gift Report      Gift Details: \_\_\_\_\_

Received From: \_\_\_\_\_

Date Received: \_\_\_\_\_ Estimated Value \$: \_\_\_\_\_

Occasion: \_\_\_\_\_

Reason for accepting the gift: \_\_\_\_\_

Keep for department use       Add the gifts pool       Keep for personal use

Invitation      Invitation Details: \_\_\_\_\_

\_\_\_\_\_

Invited By: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Number of Days: \_\_\_\_\_

Estimated Total Cost \$: \_\_\_\_\_ Invitation Total Value \$: \_\_\_\_\_

Coverage Details: \_\_\_\_\_

The remaining costs to be covered by:       Self       AUB Amount \$: \_\_\_\_\_

Benefits to AUB: \_\_\_\_\_

\_\_\_\_\_

Other      Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In submitting this report, I affirm the above information is true and complete to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

*After signing, please forward the original form to the Director of CNS.*