

**Marquette University**  
**Gift in Kind Receipt Form**

**PLEASE INCLUDE ALL OF YOUR RECEIPTS**

Includes travel expenses (ex. hotel, mileage, taxi/uber and airport meals for self).

**Donor Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**Gift Information:**

Purpose of Gift:

\_\_\_\_\_

Gift Description:

#1 \_\_\_\_\_ Total Amt \_\_\_\_\_

#2 \_\_\_\_\_ Total Amt \_\_\_\_\_

#3 \_\_\_\_\_ Total Amt \_\_\_\_\_

#4 \_\_\_\_\_ Total Amt \_\_\_\_\_

Total Gift Value:

\_\_\_\_\_

Receipts Attached: Yes  No  If no, please indicate the reason receipts could not be included:

\_\_\_\_\_

\_\_\_\_\_

*I understand I will not be reimbursed for the expenses incurred.*

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

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ RE ID: \_\_\_\_\_