

# TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER Employee Non-Cash Awards, Prizes, and Gifts Form

## Section A

Name of Employee: \_\_\_\_\_

SSN or Tech ID: \_\_\_\_\_

Description of Gift: \_\_\_\_\_

Date of Gift: \_\_\_\_\_

FOAP: \_\_\_\_\_

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

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## Section B

YES  NO 1. Was this an employee achievement award for length of service?

YES  NO 2. Was this an employee achievement award for safety?

YES  NO 3. If this is an award for length of service has employee received any other length of service awards within the current tax year or any of the past four tax years?

If yes, Please explain \_\_\_\_\_

\_\_\_\_\_ 4. How long (in years) has this person been employed by TTUHSC?

Is this employee retiring? \_\_\_\_\_Yes \_\_\_\_\_No

YES  NO 5. Was the award presented to the employee as part of a meaningful presentation? If Yes, please describe the event.

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## Section C

I certify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Account Manager Signature/Date

\_\_\_\_\_  
Reviewed by Purchasing Signature/Date

\_\_\_\_\_  
Department Chair Signature/Date (if value exceeds \$100)

\_\_\_\_\_  
Appropriate Dean Regional Dean or Vice President (if value exceeds \$400)