

**CERTIFICATION FOR THE TRANSFER OF GIFT FUNDS TO A UNIVERSITY  
SPONSORED PROJECT ACCOUNT**

TRANSMITTAL DATE: \_\_\_\_\_

AMOUNT TO BE TRANSFERRED: \_\_\_\_\_

FROM (FOUNDATION ACCOUNT NO.): \_\_\_\_\_

PROJECT ACCOUNT NUMBER (5-#####): \_\_\_\_\_  
(IF NEW, SO INDICATE)

PROJECT TITLE: \_\_\_\_\_  
\_\_\_\_\_

PI(S)/PD(S) NAME: \_\_\_\_\_  
\_\_\_\_\_

DEPARTMENT(S): \_\_\_\_\_

ORIGINAL DONOR: \_\_\_\_\_

AMOUNT OF DONATION: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

CHECK ALL THAT APPLY:

- FUNDS RECEIVED ARE UNRESTRICTED.
- DETAILED REPORTS, PROGRAM AND/OR FISCAL, ARE NOT REQUIRED.
- NO PROVISIONS ARE IMPOSED CONCERNING PUBLICATIONS.
- NO SPECIFIC TIME LIMIT IS DESIGNATED.
- PATENTS AND/OR COPYRIGHTS ARE NOT RETAINED BY THE DONOR.
- SPECIFIC COMMITMENT OF UNIVERSITY RESOURCES IS NOT REQUIRED

DONOR'S CONDITIONS OR RESTRICTIONS: \_\_\_\_\_  
\_\_\_\_\_

INTENDED USE OF FUNDS: \_\_\_\_\_  
\_\_\_\_\_

By signing this form you are authorizing the project, the account request and certifying that to the best of your knowledge, this project is in compliance with the KSU Conflict of Interest Policy.

\_\_\_\_\_  
DEPARTMENT CHAIR                      DATE                      DEAN OR DESIGNEE                      DATE

By signing this form you are certifying that the funds were received as a gift and that all known conditions or restrictions associated with these funds have been listed.

\_\_\_\_\_  
CHIEF FINANCIAL OFFICER                      DATE  
KSU FOUNDATION