



Gift/Prize Documentation Form -Employees

Department Name: _____

Department Number: _____ Date: _____

Event Name (if applicable): _____

Full Name of Recipient: _____

Recipient Z #: _____ Home/Cell Phone Number: _____

Gift/Prize Won: _____

Value: _____

Serial Number of Gift Card, Gift Certificate or Item (if applicable): _____

I certify that I am the recipient of and have received the gift/prize/award identified above. I understand that this gift/prize/award may be subject to federal and state tax reporting and/or withholding.

Signature _____ Date _____

For internal office use only

Completed by (Name and Phone Number): _____

Sent to the Payroll Office on:

Date: _____ By: _____

To ensure timely recording of this award for tax purposes, this form must be forwarded to the Payroll Office within 7 business days of the gift/prize being awarded to the employee.