

Georgia Institute of Technology  
GIFT Transmittal Form

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

Cost Center/Department: \_\_\_\_\_

Cost Center Contact: \_\_\_\_\_

Controller's Office Accountant: \_\_\_\_\_

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

Donor Contact Name/Title: \_\_\_\_\_

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

Donor Phone: \_\_\_\_\_

Check Attached? (Yes/No)

If No: Route to Gift Accounting

If Yes: Route to GTF

Purpose/Description of Funds: \_\_\_\_\_

GTF Account Number: \_\_\_\_\_ Title: \_\_\_\_\_

Workday Gift Worktag: \_\_\_\_\_ Amount: \_\_\_\_\_

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**GTF REQUIRED FIELDS FOR SETUP**

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Gift Name (as listed with donor doc): \_\_\_\_\_

Funds will be used as follows: \_\_\_\_\_ Amount of Gift: \_\_\_\_\_

Instruction \_\_\_\_\_ Effective Date: \_\_\_\_\_

Research \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other \_\_\_\_\_ Project Director: \_\_\_\_\_

Other Sponsored (Cost Share) \_\_\_\_\_ Department: \_\_\_\_\_

Billing Required (Yes/No)

Financial Reports Required (Yes/No)

If Financial Reports Required: Please work with the Controller's Office to ensure the required financial reporting is timely and accurate. It would be best if cost share expenditures are segregated in GT's books.

Other Requirements? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**REQUIRED FOR WORKDAY SETUP**

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Account Number (Assigned by GTF):

Title (Assigned by GTF):

Cost Center:

Cost Center Manager:

Gift Manager:

Assignee:

Primary Purpose (CHOOSE ONE):

Alternate Purposes (CHOOSE OWNER):

Alternate Purposes (CHOOSE USE):

Chair

Owner: Chair

Use: Faculty

Facilities

Owner: Department Head

Use: Student

Fellowship

Owner: PDPI

Use: Program

Scholarship

Owner: Activity/Program

Use: Facilities

Institute Support Professorship

Use: Unrestricted

Woodruff Chair/Professorship

Other

Project Type (CHOOSE ONE):

Institute Support

Current - Expendable

Endowment