Token Gift Reporting Form

Name of recipient of token gift: ___________________________  Date received: __________________

Description of token gift: ___________________________________________________________________________

Sender of token gift: __________________________________________

Person/Dept and/or Vendor name

Reason for token gift:  ____ Appreciation

____ Other __________________________________________________________________________________________

TOKEN GIFTS MUST BE REPORTED AND APPROVED PRIOR TO ACCEPTANCE

Gifts must be:

Unsolicited
Nominal value ($25 or less)
Given to the entire department

Approval: __________________________________________ Date: __________________

Steven Lee, Director

*It is the policy of EVMS to refuse personal gifts or gratuities offered in connection with the purchasing function. Materials Management personnel may not accept personal gifts or gratuities from any current or potential supplier of goods or services to the Medical School.

7-18-12

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