Prize Data Collection Form (PRZ)

This information is necessary to assist the university in meeting federal and state reporting obligations.

Event Name:_____ Event Date:_____

Recipient Legal Name (Last, First):_____

Employee ID#: _____

Department Information (Name and Phone Number):_____

Date prize distributed:_____ Value of Prize (attach support):_____

Description of Prize:_____

Purpose of event and prize distribution:_____

Employee Signature:_____