# EVENT Payment Cover Sheet \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Advancement Operations Date Delivered

The form is required for all event transactions (cash, credit cards, and checks) that are delivered to Advancement Operations by a University of Richmond staff member. All fields are required. The University staff member who delivers the gifts will receive a copy of this signed and dated form as a receipt for the delivery. Please complete a form for gifts delivered.

**Name and Department of Staff Member Delivering Gifts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Staff Member Delivering Gifts

**Contact Phone Number and E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Name of Registrant** | **Constituent ID#** | **Type****(Check, Credit Card, Check)** | **Check #** | **Payment Amount** | **Event Name (Event fund if known) and Date** | **Comments/Notes**  |
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*\*Attach any other supporting documentation to this form.*

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Signature of Advancement Operations Staff Receiving Gifts Print Name Date Received