

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
SUBSTANTIATION OF DONATIONS AND SPONSORSHIPS FORM**

Recipient Organization

Name

Address

City, ST, Zip Code

Amount of Donation or Sponsorship

Business Purpose

Departmental Approver

Signature of Administrator

Date

Additional Approver (if amount is \$500 or more)

Obtain one of the following signatures: Regional Dean, Dean, Vice President, or President.

Signature

Date