

Loyola Univer-2. If the  
ar year if the total

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

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




Purpose/Reason for Gift: \_\_\_\_\_  
\_\_\_\_\_

Eligibility Requirements for Gift: \_\_\_\_\_



For Accounting or Payroll Use Only

Employment Related

Non-Employment Related

Entered/Reviewed By	Date Received	PPE Date	Comments