



# Roane State COMMUNITY COLLEGE

## ACKNOWLEDGEMENT OF GIFT

Substitute W-9 Form

**EMPLOYEE FILL OUT AND SIGN BELOW**

Value of Gift \$ \_\_\_\_\_

Vendor Name:	
Purchase Order #:	
Event purchased for:	
Event Date:	
Gift Card # if applicable	

List all items that are included in this gift, give-away, etc.:

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Grant Support Services

Prize/Award

Issuing Employee's Printed Name: \_\_\_\_\_

Issuing Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **RECIPIENT COMPLETE**

Full Name of Recipient:	
R# or phone # if non-RSCC:	

Under penalties of perjury, I certify that there has been no exchange of funds for this gift. I certify that the R# or phone # shown on this form is my correct information. I understand that if enrolled in classes for credit this may affect any financial aid I may be eligible for. I also understand pursuant to Internal Revenue Service regulations, I may receive a 1099 from the college if the total amount I receive in a calendar year exceeds the \$599.99 reporting threshold.

Recipients Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return form to Purchasing Office within 10 days of distribution.  
Refer to the Purchasing Manual for the Gift and Gift Card Policy.*