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**FUNDS OR GOODS DONATIONS FOR THE UPR MAYAGÜEZ CAMPUS**

**Donator's Required Information**

Name of the Organization or Individual	Phone Number	E-mail
Mailing Address:		

Donation for: \_\_\_\_\_

Donation Amount: \$ \_\_\_\_\_ Electronic Transfer Number: \_\_\_\_\_

Check Number: \_\_\_\_\_ Money Order Number: \_\_\_\_\_

Description of in-kind donation of goods or services: \_\_\_\_\_

Estimated dollar amount of in-kind donation of goods or services: \$ \_\_\_\_\_

Additional Comments: \_\_\_\_\_

THE SIGNATORY PARTIES DECLARE that the listed donation/s is/are made freely and voluntarily without intent to limit in any way the commitment of the University of Puerto Rico at Mayagüez to the principles of academic freedom and that they are, in no way, in opposition to the Law of the US Federal Government or Puerto Rico or any applicable regulation of the University. The listed donation/s is/are not made in support of an external product or service and there is no known conflict of interest between the parties.

Donator's Signature: \_\_\_\_\_

For the purpose of accountability, please print name and signature of the UPRM employee certifying this donation and its purpose:

\_\_\_\_\_

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**Antes, ahora y siempre... ¡COLEGIO!**

**For Official Use Only**

**Applicant's Office** \_\_\_\_\_

Information of the Donation:

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

Date of Letter of Approval \_\_\_\_\_ Identification # \_\_\_\_\_

Amount of Donation Received: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Deposited in Account number: \_\_\_\_\_

**Chancellor's Office**

Approved by Chancellor: \_\_\_\_\_ Date: \_\_\_\_\_

Sent to Dept. of Finances by: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Finances**

Deposit #: \_\_\_\_\_

Returned to: \_\_\_\_\_ Date: \_\_\_\_\_