

Department of Integrative Biology

Notification of gift/outside payment

Faculty Name: _____

Payment is Gift Reimbursement for costs

Expected to come as Check Wire Transfer

Donor / Source of Funds: _____

Purpose/Reason for Payment: _____

Fund to which Payment should be deposited: _____

-or-

Please set up a new gift fund

Approximate date check/transfer expected: _____

Please forward completed form to Steve Owen, IB Department Manager:
Office - 3040B VLSB
Email - swowen@uclink.berkeley.edu