

Non-Cash Prize Reporting Form

NAME OF EVENT _____

EVENT DATE _____

PRIZE WINNER _____

ADDRESS _____

PHONE NUMBER _____

PRIZE DESCRIPTION _____

CASH EQUIVALENT VALUE _____

***if not previously submitted, please provide a description of how the value for non-cash items was determined.

AMOUNT DUE FOR TAXES _____ (provided by the Payroll Office)

Attach a check for the full amount, made payable to SMC.

_____ I accept the prize described above

_____ I decline the prize described above

Prize Winner's Signature

Date

For office use:

Submitted by: _____ Date: _____

Department: _____