

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO  
SUBSTANTIATION OF DONATIONS AND SPONSORSHIPS FORM**

**Recipient Organization**

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Name

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Address

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City, State, Zip Code

**Amount of Donation or Sponsorship**

\_\_\_\_\_

**Business Purpose**

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**Departmental/Dean Approver**

\_\_\_\_\_  
Signature of Administrator/Dean

\_\_\_\_\_  
Date

**Additional Approver (if amount is \$500 or more)**

Obtain one of the following signatures: Dean, Vice President, or President.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date