University of Arkansas at Pine Bluff
Value of Donation by a Third Party

Award Name:				
Award Account Number:				
Donor(s)				
Date of Donation	**Donation Description**	**Number of Items**	**Cost Per Item**	**Value of Donation**
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00

Total Value of Donation $0.00

Name of Verifying Official

Verifying Official's Signature

Title of Verifying Official

Date

PRINT RESET