



Welcome to the PDF Version of the Regents UDEV

This PDF form replaces the 7 part carbon copy UDEV 100 Regents gift form.

For detailed instructions on filling out a Regents PDF UDEV [click here](#).

Once you have filled out the Regents PDF gift form press Print. The system will print the following 3 pages:

- Copy 1 - Gift Administration
- Copy 2 - Cashier
- Copy 3 - Department

Deliver to the Cashier:

Copy 1 - Gift Administration UDEV: attach a copy of the check and all original documentation, including the envelope to copy 1.

Copy 2 - Cashier UDEV: paperclip (DO NOT STAPLE) the check to copy 2.

Copy 3 - Department UDEV: Copy 3 will be returned to you with a receipt from the Cashier.

For questions, please contact the following:

Cashier - Tracy Coy x2177

Gift Administration - Dawn Senchuk x3808



UNIVERSITY OF CALIFORNIA, SANTA BARBARA
UC REGENTS GIFT ACCEPTANCE REPORT
CONFIDENTIAL - FOR INTERNAL USE ONLY

DONOR(S) NAME AND HOME ADDRESS	OR	BUSINESS NAME AND ADDRESS
PHONE NUMBER:	<input type="checkbox"/> ALUMNI <input type="checkbox"/> PARENT <input type="checkbox"/> FRIEND <input type="checkbox"/> FACULTY <input type="checkbox"/> STAFF <input type="checkbox"/> OTHER	

DONOR REQUESTS CONFIDENTIALITY (MUST BE IN WRITING)

DATE PREPARED: _____	CHECK NUMBER: _____
PREPARED BY / EXT: _____	CHECK DATE: _____
DEPT CODE: _____ MAIL CODE: _____	AMOUNT: \$ _____
EMAIL OF PREPARER: _____	

**ATTACH A COPY OF THE CHECK AND ALL THE ORIGINAL DOCUMENTATION TO COPY 1 OF THIS FORM.
 LEAVE FORM AND DOCUMENTATION AT THE CASHIERS FOR PICK UP BY GIFT ADMINISTRATION.**

	TE	LOC	ACCOUNT	FUND	SUB	OBJECT	DEPARTMENTAL ACCOUNT (REF#)	AMOUNT
Required								
Departmental								
Account								
Information								

GIFT TYPE: Please state approximate value (ATTACH APPRAISAL).			Value Established By:	
PLEDGE AMOUNT	NON-MONETARY VALUE	REAL ESTATE VALUE	SECURITIES VALUE	WIRE TRANSFER VALUE

GIFT DESCRIPTION / RELATED PURPOSE INFORMATION:	ACKNOWLEDGEMENT TO (IF DIFFERENT FROM DONOR); GIFT TYPE; IF GIFT IS IN MEMORY/HONOR OF SOMEONE, ETC.	<input type="checkbox"/> Endowment <input type="checkbox"/> Establish New Fund Appropriate Funds to: _____ ACCT / FUND / SUB NUMBER
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Does Donor or Spouse Work for a Matching Gift Company? _____	FINANCIAL DISCLOSURE FILED
Name of Company: _____	<input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE
PLEASE ATTACH APPLICATION. (NOTE: Some companies will match retirees)	DATE APPROVED: _____

SUBMITTED FOR ACCEPTANCE BY: Signature	TYPED NAME AND TITLE	DATE:
ACCEPTED BY: (CHANCELLOR / DESIGNEE) Signature	TYPED NAME AND TITLE	DATE:

Copy 1 - Gift Administration

RETENTION SCHEDULE: Gifts of \$1-\$999: 1 Year, Campus, Gifts of \$1000-\$1,000,000: 10 Years, Campus, Gifts of over \$1,000,000, Foreign Gifts, all Endowments, Gifts of Real Property, Plant Funds over \$500,000: Permanent, OP/Archives



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PHONE NUMBER:	<input type="checkbox"/> ALUMNI <input type="checkbox"/> PARENT <input type="checkbox"/> FRIEND <input type="checkbox"/> FACULTY <input type="checkbox"/> STAFF <input type="checkbox"/> OTHER	

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Departmental								
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GIFT TYPE: Please state approximate value (ATTACH APPRAISAL).			Value Established By:	
PLEDGE AMOUNT	NON-MONETARY VALUE	REAL ESTATE VALUE	SECURITIES VALUE	WIRE TRANSFER VALUE

GIFT DESCRIPTION / RELATED PURPOSE INFORMATION:	ACKNOWLEDGEMENT TO (IF DIFFERENT FROM DONOR); GIFT TYPE; IF GIFT IS IN MEMORY/HONOR OF SOMEONE, ETC.	<input type="checkbox"/> Endowment <input type="checkbox"/> Establish New Fund Appropriate Funds to: _____ ACCT / FUND / SUB NUMBER
---	--	--

Does Donor or Spouse Work for a Matching Gift Company? _____	FINANCIAL DISCLOSURE FILED
Name of Company: _____	<input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE
PLEASE ATTACH APPLICATION. (NOTE: Some companies will match retirees)	DATE APPROVED: _____

SUBMITTED FOR ACCEPTANCE BY: Signature required on first page only	TYPED NAME AND TITLE	DATE:
ACCEPTED BY: (CHANCELLOR / DESIGNEE) Signature required on first page only	TYPED NAME AND TITLE	DATE:

Copy 2 - Cashier

RETENTION SCHEDULE: Gifts of \$1-\$999: 1 Year, Campus, Gifts of \$1000-\$1,000,000: 10 Years, Campus, Gifts of over \$1,000,000, Foreign Gifts, all Endowments, Gifts of Real Property, Plant Funds over \$500,000: Permanent, OP/Archives



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DONOR(S) NAME AND HOME ADDRESS	OR	BUSINESS NAME AND ADDRESS
PHONE NUMBER: _____	<input type="checkbox"/> ALUMNI	<input type="checkbox"/> PARENT
	<input type="checkbox"/> FRIEND	<input type="checkbox"/> FACULTY
	<input type="checkbox"/> STAFF	
	<input type="checkbox"/> OTHER	

DONOR REQUESTS CONFIDENTIALITY (MUST BE IN WRITING)

DATE PREPARED: _____	CHECK NUMBER: _____
PREPARED BY / EXT: _____	CHECK DATE: _____
DEPT CODE: _____	MAIL CODE: _____
AMOUNT: \$ _____	
EMAIL OF PREPARER: _____	

**ATTACH A COPY OF THE CHECK AND ALL THE ORIGINAL DOCUMENTATION TO COPY 1 OF THIS FORM.
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GIFT TYPE: Please state approximate value (ATTACH APPRAISAL).			Value Established By:	
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GIFT DESCRIPTION / RELATED PURPOSE INFORMATION:	ACKNOWLEDGEMENT TO (IF DIFFERENT FROM DONOR); GIFT TYPE; IF GIFT IS IN MEMORY/HONOR OF SOMEONE, ETC.	<input type="checkbox"/> Endowment <input type="checkbox"/> Establish New Fund
		Appropriate Funds to: _____ ACCT / FUND / SUB NUMBER

Does Donor or Spouse Work for a Matching Gift Company? _____	FINANCIAL DISCLOSURE FILED
Name of Company: _____	<input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE
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SUBMITTED FOR ACCEPTANCE BY:	TYPED NAME AND TITLE	DATE:
Signature required on first page only		
ACCEPTED BY: (CHANCELLOR / DESIGNEE)	TYPED NAME AND TITLE	DATE:
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Copy 3 - Department

RETENTION SCHEDULE: Gifts of \$1-\$999: 1 Year, Campus, Gifts of \$1000-\$1,000,000: 10 Years, Campus, Gifts of over \$1,000,000, Foreign Gifts, all Endowments, Gifts of Real Property, Plant Funds over \$500,000: Permanent, OP/Archives