



ASSOCIATED STUDENTS OF
THE UNIVERSITY OF NEVADA

Prize Receipt Form

ASUN: _____
(Club or Program/Service Name)

Event Name _____

Event Date _____

Description of Prize _____

Value of Prize _____

Prize Awarded To:

Print Name of Recipient _____

Student ID Number of Recipient _____

Print Local Address of Recipient _____

Print Telephone of Recipient _____

By signing, you agree that you will be responsible for any taxes that might need to be paid for this prize.

Signature of Recipient: _____ Date Received: _____

FOR STAFF USE ONLY

Prize Awarded by: _____ Position: _____ Initials: _____

* Turn this form into the Accounting Office within 24 hours.