

Office of Financial Affairs Securities Memorandum

To: Office of Development **From**: The Controller

Date:

DONOR NAME AND ADDRESS INFOR	MATION		
Name:			
Address:			
Identification/Social Security Number:			
SECURITIES RECEIVED			
Type of Securities:			
Date Received:			
Number of Shares			
Market Value on Date Received: (mean between high and low)			
Stock Power Received:	Yes No		
RESTRICTIONS			
Indicate restrictions, if any:			
SALES INFORMATION			
Sale date per confirmation:			
Sale Price/Share:			
Total Market Value:			
Less Broker Fees:			
NET VALUE:			
ACCOUNTING			
General Ledger Account:			
AUTHORIZATION			
Controller	Signature	 Date	
	Signature	Duie	
Chief Financial Officer	Signature	Date	