Appendix 4 Minimum layout for a Gifts and Hospitality Register

Name of School/Department/Service .....

COMPLETE THESE COLUMNS FOR ALL OFFERED GIFTS/HOSPITALITY					ALS O COMPLETE THES E COLUMNS IF THE GIFT/HOS PITALITY WAS ACCEPTED			
Date of entry	Name of person/ organisation who offered gift/hospitality	Name of person who was offered gift/hospitality	Job Title within the University	Please indicate Accepted (A) or Declined (D)	Date of receipt (if applicabl e)	Details of the gift/hospitality	Justification for accepting the gift/hospitality	£ Value (approximate, if not known)