

**State of New Jersey
Department of the Treasury
Office of Ethics Compliance
Gift Return Form**



Recipient Name: <input style="width: 95%;" type="text"/>	Merit System Title: <input style="width: 95%;" type="text"/>
Functional Title: <input style="width: 95%;" type="text"/>	Division/Office/Unit: <input style="width: 95%;" type="text"/>
Detailed Description of gift:	<input style="width: 100%; height: 60px;" type="text"/>
Donor Name: <input style="width: 95%;" type="text"/>	Title: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Phone: <input style="width: 95%;" type="text"/>
Address:	<input style="width: 100%; height: 40px;" type="text"/>
Reason for gift:	<input style="width: 100%; height: 50px;" type="text"/>
Is the donor an interested party? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SIGNATURES *(Forward gift and completed form to: Office of Ethics Compliance, PO Box 210, 50 West State Street, 2nd floor, Trenton NJ 08638)*

1. Gift Recipient

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Signature	Date <input style="width: 95%;" type="text"/>
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2. Ethics Liaison Officer

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Signature	Date <input style="width: 95%;" type="text"/>
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(Office Use Only)

Disposition: <input style="width: 95%; height: 40px;" type="text"/>	Disposition Date: <input style="width: 95%;" type="text"/>
	Phone Number: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	
Address:	<input style="width: 100%; height: 50px;" type="text"/>