PENN STATE REPORT OF PROVISION OF GIFT, TRANSPORTATION, HOSPITALITY OR OTHER ITEM TO A STATE GOVERNMENT OFFICIAL, THEIR EMPLOYEE, OR IMMEDIATE FAMILY MEMBER
(Form PLDA 2)

1. Date item provided to recipient: _____

2. Name of recipient: _____

3. Title or office of recipient: _____

4. Recipient is a:

   i. _____ State Government official or their employee;

   ii. _____ Family member of a State Government Official, if so:

   (a) Please indicate degree of relation with an "x" as appropriate:

   _____ spouse
   _____ child
   _____ parent
   _____ brother
   _____ sister
   _____ mother-in-law
   _____ father-in-law
   _____ brother-in-law
   _____ sister-in-law

   (b) State the name and title or office of the State Government Official, or their employee to whom the recipient is related:
   _____
   _____

5. Category of item provided:

_____ Gift
_____ Entertainment
_____ Meal(s)
_____ Reception

_____ Transportation
_____ Lodging

6. Brief description of item: _____
_____

7. Value of item: _____ Amount waived? ____ Yes ____ No

8. Method of valuing item:

____ Market cost (to be used only if item actually obtained in market place transaction).
____ Replacement cost (i.e., the cost of purchasing the same or similar items or services in market place transactions).
____ Other* (to be used only when market cost or replacement cost do not apply).

* A detailed explanation of the valuation method must be included: _____
_____
_____

9. Please attach the original receipt, invoice, or any other documentation substantiating the value of the item. Please supply the following information to the extent it does not appear on the receipt, invoice or other documentation:

(a) individual who paid invoice: _____
(b) person or entity to whom payment made: _____
(c) date of transaction: _____
(d) date of payment: _____
(e) form of payment (i.e., cash, check, etc.): _____

10. If no original receipt, invoice or other document substantiating the value of the item is attached, briefly explain why you are unable to supply a substantiating document:
_____
_____

11. Name and title of individual who provided item: _____

12. Briefly describe the circumstances of the gift: _____

_____

_____

Your name (print): _____

Phone Number of Preparer: _____

Signature: _____

Date: _____

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