

GIFT IN-KIND TRANSMITTAL FORM

GENERAL INFORMATION

1. DONOR (Name and Address):

RECIPIENT OF GIFT (Individual/Department):

GIFT (Brief Description or Generic Name):

DATE RECEIVED: _____

EQUIPMENT INFORMATION

NOTE: If the gift is equipment, please complete the following information:

1. Name Of Manufacturer _____

2. Manufacturer's Serial No. _____ Model No. _____
(IF MORE THAN ONE ITEM, PLEASE LIST ON SEPARATE PAGE AND ATTACH)

3. Estimated Value *(for Inventory/Insurance Purposes Only)* \$ _____

4. Location Of Equipment *(if known at this time)* Bldg. _____ Room _____

5. Contact Person *(for Inventory Purposes)* _____

6. Gift will be used for: Research Instruction Other _____

CLEARANCES

1. Does the gift require any action involving space, remodeling, or construction?

YES NO

2. Has action been taken to indicate clearly that acceptance of the gift does not constitute University endorsement of the product?

YES NO

SIGNATURES

Name of Recipient / Date

Department Approval / Date

Dean Approval / Date