



**Request for Acceptance of Donated Equipment or Supplies**

**Name of Item(s)**

\_\_\_\_\_

**Potential Donor Information**

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

**Funding Information**

Estimated cost to make usable: \_\_\_\_\_

Suggested source of funds: \_\_\_\_\_

Estimated on-going maintenance cost per year: \_\_\_\_\_

**Use of Item Information**

Use of item:            Instructional            Non-Instructional

Describe Use:

\_\_\_\_\_

**Recommended Approvals**

\_\_\_\_\_ Yes            No            Date: \_\_\_\_\_  
Program Manager/Dean

\_\_\_\_\_ Yes            No            Date: \_\_\_\_\_  
Area Vice President

\_\_\_\_\_ Yes            No            Date: \_\_\_\_\_  
President's Office (for equipment only)

\_\_\_\_\_ Date Approved by Board of Trustees

Approved for Entry into Property Records: \_\_\_\_\_