

Date: _____

Arkansas State University Donation of Equipment

Receiving Department: _____ Date: _____

Releasing Agency: _____ Tax Exempt Non-Profit #: _____

Agency Contact: _____ Phone: _____ Email Address: _____

Item Description	Brand/Model	Serial Number	Tag Number

Required Signatures

Employee Donating Equipment:

Print Name	Title	Signature	Date
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Chair/Supervisor:

Print Name	Title	Signature	Date
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Dean/Department Administrator:

Print Name	Title	Signature	Date
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Procurement Services:

Signature	Date
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Property Accounting:

Signature	Date
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All departmental signatures must be completed prior to submitting to Property Accounting.

Send the original form to Hunter Lewis in the Administration Building, Property Accounting for approval prior to the donation. For more information, contact Hunter at extension 8449.