

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.
 Email the form to James Riles, jriles@astate.edu and Amber Jones, ajones@astate.edu for approval prior to the donation. For more information, contact James Riles at extension 2073