Record of Donation of Equipment

To ensure the equipment of Union Public Schools have been recorded for insurance, inventory and audit purposes and the Board of Eduation has been notified of all donations, please complete the following information.

Donor Information:

Name _____ Phone # _____

Address

Equipment Information:

Description _____

Make _____ Model _____ Serial # _____

Condition ☐ N ☐ U ☐ G ☐ F ☐ P (please circle) Current Value _____ ☐ Actual or Estimate ☐ (please circle)

Cost was determined by: Donor ☐ or Employee ☐ (please circle)

Recipient Information:

School _____ Site # _____

Teacher _____ Room # _____

Date Equipment Received _____

I hereby certify that the equipment listed above was delivered and received in the condition stated by myself on behalf of Union Public Schools.

Teacher Signature _____ Principal Signature _____

Technology and Accounting Internal Use Only:

_____ Asset # Not Required
_____ Asset # Assigned
_____ Technology Work Request # (If needed)
Yes ☐ No ☐ Donation was made so district could surplus and sell