



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 Education 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 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	