

INVENTORY DONATION FORM

Donation Made By: <input type="checkbox"/> Individual <input type="checkbox"/> Business		Date of Donation: _____
School:		
Donated By: (Please Print)		
Item Donated:		
Model #:	Serial #:	
Description:	Quantity:	
Estimated Value/Cost of Item Donated:		
Is this donation to be used for a specific purpose? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe in detail:		
I certify that I am donating the item listed above to the location listed above. All specifications regarding this donation are disclosed above.		
_____	Donor	Date Donated _____
_____	Witness	Date Witnessed _____
_____	Principal / Administrator	Date Accepted _____

Send form to Accounting Department at Central Office attached to an ***Inventory Addition Request Form***.