

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:***

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Print Name	Title	Signature	Date
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***Chair/Supervisor:***

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Print Name	Title	Signature	Date
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***Dean/Department Administrator:***

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Print Name	Title	Signature	Date
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***Property Accounting:***

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Signature	Date
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***Associate Chief Financial Officer:***

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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