**Date Submitted:**

|  |  |
| --- | --- |
| Department / Sub-Department: |  |

|  |  |
| --- | --- |
| Donor’s Name: |       |
| Donor’s Address: |       |
| City, State, Zip Code: |       |

|  |  |
| --- | --- |
| Appraised Value: |       |

|  |  |
| --- | --- |
| \*Inventory Number:  |       |

|  |
| --- |
| Description:      |

|  |  |
| --- | --- |
| Serial Number: |       |

|  |
| --- |
| Intended Use:      |

|  |  |
| --- | --- |
| **Director’s Approval:** | **Date** |
| **X** |  |

\*If acquisition cost of item is $5,000 or more and/or equipment is deemed a controlled asset, contact the Property Manager for an inventory number.

|  |  |
| --- | --- |
| **TFS Property Manager’s Approval:** | **Date** |
| **X** |  |