

Utah State University
Request to Donate Equipment
Donating Department

Department: _____

Contact Person: _____

Phone/Fax: _____

Donee Information

Name: _____

Contact Person: _____

Phone/Fax: _____

| Inventory Number | Item Description | Serial Number |
|-------------------------|-------------------------|----------------------|
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Signatures

Dean/Director/Department Head: _____

Receiving Institution: _____

Vice-President for Admin. Svcs: _____

Equip. Manage. Service. Office: _____

For Office Use Only
Equipment Management Services
Phone 7-1999, FAX 7-3873, UMC 2400

EMS Approval: _____
State Invoice #: _____
Dept Notification: _____
Deletion Date: _____