

**Utah State University**  
**Request to Donate Equipment**  
Donating Department

**Department:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone/Fax:** \_\_\_\_\_

**Donee Information**

**Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone/Fax:** \_\_\_\_\_

<b>Inventory Number</b>	<b>Item Description</b>	<b>Serial Number</b>

**Signatures**

Dean/Director/Department Head: \_\_\_\_\_

Equipment Management Office: \_\_\_\_\_

USU Surplus: \_\_\_\_\_

V.P. Administrative Services: \_\_\_\_\_

Receiving Institution: \_\_\_\_\_

For Office Use Only  
Equipment Management Services  
Phone 7-1999, FAX 7-1077, UMC 2400

Rev. 2/2002

EMO Approval: \_\_\_\_\_  
State Invoice #: \_\_\_\_\_  
Dept Notification: \_\_\_\_\_  
Deletion Date: \_\_\_\_\_