



MATERIAL DONATION ACCEPTANCE FORM

COMPLETE THIS FORM, INCLUDING SECURING THE APPROPRIATE SIGNATURES **BEFORE** SUBMITTING TO THE ADVANCEMENT/FOUNDATION OFFICE, AA-131.

Name and title of District employee completing this form _____ Ext. _____

Name of Donor _____ Telephone _____

Mailing Address _____ City _____ ST _____ Zip _____

Relationship of donor to Palomar College _____

DESCRIPTION OF ITEM(S) DONTATED

Description _____	INVENTORY CONTROL USE ONLY
Serial # _____ Model # _____ Value \$ _____	TAG# _____

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Serial # _____ Model # _____ Value \$ _____	TAG# _____

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Serial # _____ Model # _____ Value \$ _____	TAG# _____

NOTE - ATTACH SHEET FOR ADDITIONAL ITEMS

Will the donated item(s) cost Palomar College for service, repair, maintenance, transportation for pick-up, storage, installation, remodeling, safety issue, or hazardous material issue, etc.? MARK THE BOX NO YES

If YES, please explain,

If the donated item has a value of \$1,000 or more, has it been examined and determined that it has a useful life of at least one year and requires no repair or some form of maintenance? MARK THE BOX NO YES

Equipment inspected by _____ Date _____

Proposed use of donated item (s) _____ Location _____

If there are restrictions on the use of the item(s), please explain _____

REQUIRED SIGNATURES

Department Chair/Director: _____ Date _____

Dean/Vice President: _____ Date _____

Vice President Finance & Administrative Services: _____ Date _____

Foundation Executive Director: _____ Date _____