



MATERIAL DONATION ACCEPTANCE FORM

COMPLETE THIS FORM, INCLUDING SECURING THE APPROPRIATE SIGNATURES BEFORE SUBMITTING TO THE ADVANCEMENT/FOUNDATION OFFICE, A-4B.

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

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

Description _____	INVENTORY CONTROL USE ONLY
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 _____

Department Chair/Director Signature _____	Date _____
Dean/Vice President Signature _____	Date _____
Foundation Executive Director Signature _____	Date _____