Trinity University
GIFT IN-KIND TRANSMITTAL FORM

GENERAL INFORMATION

1. DONOR (Name and Address):


RECIPIENT OF GIFT (Individual/Department):


GIFT (Brief Description or Generic Name): DATE RECEIVED:


EQUIPMENT INFORMATION

NOTE: If the gift is equipment, please complete the following information:

1. Name Of Manufacturer


3. Estimated Value (for Inventory/Insurance Purposes Only) $__________

4. Location Of Equipment (if known at this time) Bldg. ______ Room ______

5. Contact Person (for Inventory Purposes)

6. Gift will be used for: Research ☐ Instruction ☐ Other ☐ ______________

CLEARANCES

1. Does the gift require any action involving space, remodeling, or construction? YES ☐ NO ☐

2. Has action been taken to indicate clearly that acceptance of the gift does not constitute University endorsement of the product? YES ☐ NO ☐

SIGNATURES

________________________  ________________  ______________________
Name of Recipient Date Department Approval Date

________________________  ________________
Dean Approval Date

Revised: 8/95