

University of Arkansas at Monticello

Equipment Donated

Description _____

Manufacturer _____

Serial Number _____

Name and Address of Donor _____

Estimated Value _____ Date of Acceptance _____
(For internal University valuation only - not for assessment or taxation purposes)

Method of Valuation _____

Unit/Department _____

Building _____ Room _____

Accepted by: _____
Unit/Department Head Date

Supervising Vice Chancellor Date

Chancellor Date

FOR USE BY INVENTORY PERSONNEL

UAM Tag # _____

Account Code _____ Building Code _____

Input Date _____ Completed By _____

Tagged Date _____ Completed By _____