

Donation Check List

To: _____

Current Date: _____

Donation Date: _____

Donator Name: _____

Location or Site of Donation: _____

Room: _____

To: *Technology Department*
Transportation
Media Center/KKMC
Maintenance & Operations
Site Personnel

Please inspect the attached donation, indicate acceptance or rejection, (approve or alter estimated value if needed), and return the form to Mary Hendricks in Purchasing Services.

Thank you!

Description/Value: _____

I _____, of _____ (department),
Have inspected and found the donation acceptable. Inspection on _____ (date).

OR

Donation denied due to the following _____

Signature: _____

If electronic (ok to sign off via email acceptance)

Printed Name: _____

Department: _____

Date: _____

** Please email or fax all completed inspection forms to Mary Hendricks at
mary.hendricks@desertsands.us or Fax: 760-771-8574.