

KETTERING REQUEST FOR NON CASH ACQUISITION FROM DONOR



ROUTING - INITIAL AND DATE

EH&S
 Physical Plt.
 Safety
 I.T.
 Univ. Adv.
 Accounting
 Purchasng

ITEM

Description:

To be acquired by: Gift Consignment

Will Kettering funds or services be required to acquire, install or place the item in operation? Yes No

Describe the Kettering funds that will be used:

Kettering Index:

Will this item replace another item now in use? Yes No

If yes, identify replaced item: Tag No.: or Description:

Expected cost to dispose of replaced item:

Expected date of acquisition: Date needed in operation:

Where will the item be located? Is space now available? Yes No

Is it in operating order? Yes No If no, describe needed repairs:

SOURCE OF ITEM

Supplier or Donor Name:

Street Address:

City, State, Zip:

Contact Person: Phone No.:

Estimated cost or value placed on the item by donor: \$ Attach a letter from donor documenting this valuation.

Estimated transportation cost: \$

Estimated additional costs to place in operation: \$

Estimated annual operating costs: \$ and chargeback index:

APPROVALS

Requested By - Tel# - Date

Chargeback Index Approval - Date

Department Approval - Date

Vice President Approval - Date *