

City of Baker School Board

REQUEST TO ACCEPT DONATED ASSET

DONATED TO: _____
(School/Department)

CAPITAL ASSETS DONATED	
Manufacturer and Description	
Serial No: _____	Model: _____
Number: _____	
Dollar Value: _____	
Condition of Asset(Please Check One) _____ New _____ Used	

DONOR'S SECTION	
DONOR: _____	COMPANY: YES NO (Circle One)
ADDRESS _____	CITY _____ STATE _____
ZIP _____	
If Company, CONTACT PERSON _____	TELEPHONE _____
Estimated Fair Market Value \$ _____	Original Purchase Date and Cost _____ \$ _____
SIGNATURE OF DONOR: _____	

APPROVAL SECTION	
AUTHORIZED BY: _____	
DATE: _____	
COMMENT	
TAG ASSIGNED: _____	DATE: _____