



ACQUISITION FORM (GIFT EQUIPMENT/SUPPLIES/MATERIALS)

1. Department/Unit Name _____

2. Preliminary discussions have been held with _____

(Name and complete address of firm and/or individual donating equipment/supplies/material/etc.)

3. In light of these discussions, CMU may be able to obtain the following equipment/supplies/materials.

Description: _____

4. Receipt of the equipment/supplies/materials is: (Please check one)

- Certain (all we have to do is ask)
- Almost certain (we must submit an official request)
- Probable (must negotiate)
- Possible (must compete against other recipients)

5. The equipment/supplies/materials would be useful to CMU in the following fashion: _____

6. Description – **EQUIPMENT**

a. Size _____

b. Weight _____

c. Electrical or gas requirements _____

d. Present location _____

e. Proposed location (building, room) _____

f. Special requirements (air conditioning, ventilation, lead shielding, calibrating, inspection, etc.)

7. Description – **SUPPLIES**

- a. Size _____
- b. Weight _____
- c. Present location _____
- d. Safety Considerations: Volatile? Radioactive? Unstable? _____
- e. Is proper storage available? Where (building, room)? _____

8. Description – **MATERIALS**

- a. Type and quantity _____
- b. Size and weight _____
- c. Present location _____
- d. Safety Considerations: _____
- e. Is proper storage available? Where (building, room)? _____

9. The equipment/supplies/materials have been inspected and are judged to be in acceptable condition by:

10. Estimated Costs (6), (7), or (8) above to relocate equipment/supplies/materials on campus and render usable:

11. Estimated annual operating cost: _____

Submitted by: _____ Date: _____

Supported by:

Department Chairperson _____ Date: _____

Dean _____ Date: _____

(Associated costs and responsibilities are assumed by the department and/or college.)

Approved by: _____ Date: _____
Vice Provost, Academic Administration

FULL APPROVAL MUST BE GIVEN PRIOR TO ACCEPTANCE OF GIFT

Return to Academic Administration, Warriner 312: 12/05

GIFT-IN-KIND TRANSMITTAL FORM

All non-cash gifts (gifts-in-kind) to Central Michigan University must be properly recorded through Development and Alumni Relations to ensure accurate financial reporting and proper donor acknowledgement (including forms required by the IRS).

Name(s) of Donor(s) _____

ID#(s) of Donor(s), if known _____

Address of Donor(s) _____

Description of Item _____

Date Received (date of physical delivery) _____

Value of Item _____

Method of Valuation (Attach written appraisal for gifts valued over \$5,000): _____

Did Donor(s) receive anything of value in return for his/her contribution? If so, describe the item and value: _____

Name of Account _____ Account Number _____

Person who Solicited/Obtained the Gift _____

Destination of Gift _____

This form submitted by _____

Department _____

Campus Address _____ Phone _____

Please attach all back-up documentation, including donor correspondence. Retain a copy for your records.

Note: Both the account name and number must be entered on this form before it can be processed.