



**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.