TRIDENT TECHNICAL COLLEGE

NON-CASH DONATION

Step 1

FOR DONOR COMPLETION

Name:_____ Title:_____

Company:_____ Telephone:_____

Mailing Address:_____

Location of Equipment:_____

Item Description:

Donor's estimated fair market value of item(s): $_____

Per IRS ruling, TTC confirms that you received neither goods nor services in return for this donation.

I certify that I have the authority to make this donation and that I/this company have/has a clear and legal title and full ownership of the item(s) being donated.

Signature:_____ Date:_____

Step 2

FOR COMPLETION BY ORIGINATOR (TTC faculty or staff member)

Program(s) in which students will benefit from donated item(s):	

Proposed location (building or site and room number):_____

Installation, IT and/or service requirements and projected costs:	

Originator Signature:_____ Date:_____

Step 3

FOR COMPLETION BY DEAN/DEPARTMENT HEAD

☐ I recommend that TTC accept the equipment/resources as described.

☐ I recommend that TTC not accept the equipment/resources as described because:

Department Head or Dean Signature:_____ Date:_____

Vice President Signature:_____ Date:_____

Step 4

FOR COMPLETION BY THE PRESIDENT'S OFFICE

Date Form Received:_____ Date Acknowledgement Sent:_____

Step 5

FOR COMPLETION BY FACILITIES MANAGEMENT (if applicable) AND/OR RECEIVING & INVENTORY

Pick-up Date:_____ Facilities Management Signature:_____

or

Installation Date:_____ Receiving and Inventory Signature:_____

or

Information Technology Signature:_____