

UTAH STATE UNIVERSITY

Request to Donate Equipment

Donating Department

Department: _____

Contact Person: _____

Phone/Email: _____

Receiving Institution Information

Institution: _____

Contact Person: _____

Phone/Email: _____

Barcode number	Item Description	Serial Number

Signatures

Department Head: _____

Dean: _____

Equipment Management Services: _____

*Items donated must be approved, and may not contain any personal or proprietary information.

Equipment Management Services

Phone: 435-797-0499

UMC 2400

EMS notification _____

Deletion _____