Use this form to handle acceptance of ownership of equipment from a gift in kind from a donor outside of the University of Alberta.

This form does not cover artwork, museum collections or library material. Supporting fair market value documentation may be necessary to attach to this form. Refer to the *Equipment Asset Procedure–Acceptance of a Gift in Kind of Equipment to the University.*

**Part A – Donor Information**

Name / Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of gift in kind equipment asset(s) – attach additional page if required

|  |  |
| --- | --- |
| Description (must be completed): |  |
| Date this gift is legally transferred to the University: |  |
| Fair Market Value (excluding taxes, transfer costs, installation, insurance, etc.): | $ |
| Please complete the rest of this section if requesting a fair market value assessment: | |
| Date of purchase |  |
| Value at time of purchase |  |
| Manufacturer/Model/Make |  |
| Serial number |  |
| Condition |  |
| Additional information |  |

**Part B – Unit Receiving Gift in Kind & Acceptance:**

Unit Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location on Campus for Equipment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Accept Gift in Kind |
| Not Accept Gift in Kind |

Comments (optional):

|  |
| --- |
|  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Signature |  | Printed - Name / Title (Dean or Chair) |  | Date |

**Part C –Other Information:**

|  |  |
| --- | --- |
| Supporting documentation attached: | Yes  No |
| Copy sent to Advancement Services: | Yes  No |
| Equipment added to PeopleSoft Register: | Yes  No |

**Instructions:**

1. If the donor requests a charitable tax receipt, contact Advancement Services.
2. Contact SMS – Surplus Services to arrange for a fair market evaluation of gift in kind equipment.
3. Contact SMS – Equipment Services if the value is over $5000 or defined as a desirable equipment asset.