

DONATION OF UNIVERSITY PROPERTY

propertycontrol@uoregon.edu

INSTRUCTIONS:

Return both completed pages to Business Affairs (BA) / Property Control / Thompson's University Center. **You must receive a copy of this signed authorization from Business Affairs before the donation may take place.**

TO BE COMPLETED BY DEPARTMENT INITIATII	NG DONATION:
Name of UO Department initiating the donation:	
Departmental contact name (PRINT):	Phone:
Mailing address:	
Contact name for intended agency (PRINT):	Phone:
Contact email:	Web address (URL):
Invent	ory of item(s) donated
Asset Tag No. Description	Quantity Value Weight
(UO Policy 580.040.0300-311: Surplus Property Di If purchased with federal funds identify th If acquired by Gift identify date acquired:	ne index:
If computer, indicate date the data and so	ftware had been erased
had any relationship with or to the intended recipient	O employees with knowledge of the intended donation have or have of the donation; (2) that the intended recipient makes it known web site) that it routinely accepts donations of the kinds of items set sociated with this donation.
Department head name:	Phone:
Department head signature:	Date:
	by the UO Department and that the entity receiving property is a state profit. A copy of the donee's 501(C)(3) tax letter or equivalent will be

OREGON Business Affairs	
TO BE COMPLETED BY AGENCY ACCEPTING THIS	S DONATION:
I,Please print individual's name accepting this donation	_ received donated property from the University of Oregon.
Name, address and phone of agency accepting	ι the donation:
Agency:	
Mailing Address:	
City, State, Zip:	
Phone:	
All property is conveyed "AS-IS, WHERE-IS" with r for a particular purpose, or any other warranties or Oregon, an institution, or any of their officers, empl	no warranty, express or implied, of merchantability or fitness guarantees. You will have no recourse against the State of loyees, or agents. Title to the donated property is transferred You assume all responsibility, including risk of loss or
My position with this agency:	
I certify that I have authority to legally bind this age Signature and date of person accepting and taking custody of donation	Date:
UO Sı	urplus Use Only
I authorize the donation as set forth in this doc	:ument:
AVP Business Affairs (or authorized designee)	Phone:
AVP Business Affairs (or authorized designee) Signature	Date:

