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# Tightwad FPD Donation Record Form

QB

**Asset Name/Number:** (leave blank for Treasurer)

YYY## where YYYY=Year & ###=nth asset of the year

**Asset Account:** (leave blank for Treasurer)

Apparatus or Equip Purchases: Electronic Equip Fixtures Portable Equip

Item is new to QB if capital asset

**Asset Description:** (leave blank for Treasurer)

**Approved by:**

Board approval needed if there are conditions, value greater than \$500, or budget amendment needed

**Written conditions?**

(Y/N)

(attach conditions)

**Donation Date:**

(MM/DD/YYYY)

**Fair Market Value:**

 

(Provide details in Notes)

**Approval Signature/Approval**

**Date:**

   

(MM/DD/YYYY)

**Item is:**

Brand new

or

Not an item

Used

(↓ Donor Organization Name ↓)

**Donor Information:**

(Donor Point of Contact Name)

(Address)

(City/State)

**Gift Description:**

(Zip Code)

**Location:** (if any)

office storage quarters bays unit#

**Station:**

Coal

Tightwad

N/A

**Serial Number:** (if any)

**Warranty Expires:** (if any)

(MM/DD/YYYY)

**Notes:**

	<u>Budget Account</u>	<u>Additional Budget Amount</u>
<input type="checkbox"/> Process Reminders	_____	_____
<input type="checkbox"/> Social media promotion?	_____	_____
<input type="checkbox"/> Gift acknowledgement sent?	_____	_____
<input type="checkbox"/> Approval on Board agenda?	_____	_____
<input type="checkbox"/> Value or type of asset will impact insurance policy (attached a copy of policy change)	_____ (meeting date)	_____

A copy of the gift acknowledgement letter or transfer or receiving documents must be attached