



Surplus Equipment Donation Form

Date _____

Description of item(s) and value:

1. _____

_____ Estimated value _____

2. _____

_____ Estimated value _____

3. _____

_____ Estimated value _____

4. _____

_____ Estimated value _____

5. _____

_____ Estimated value _____

I certify that none of the items above is worth more than \$1,000 individually.* *Attach donation receipt.*

Employee

Finance Director Verification

Donation Location & Date

Department Head Signature

** NOTE: Items over \$1,000 in value must be offered for sale through a bidding process. See City Purchasing Policy for more information.*