



University of Connecticut
Health Center

MATERIALS MANAGEMENT

Inventory Control IC-1 Form

RECORD OF GIFTS AND DONATIONS TO UCONN HEALTH CENTER

Mail, Fax or PDF the entire package to: MC 2010 Fax: 679-4240	REFERENCE # G
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DEPARTMENT:

NAME:	TITLE:
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BUILDING: FLOOR: ROOM #:	TELEPHONE: FAX:
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MAIL CODE:	EMAIL:
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ACQUIRED FROM:	DONOR:	TELEPHONE:
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INSTITUTION/COMPANY:

ADDRESS:

CITY:	STATE:	ZIP CODE:
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COMPLETE THE FOLLOWING INFORMATION FOR GIFT/DONATION:

DESCRIPTION:

MAKE:	MODEL:
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SERIAL NUMBER:	COLOR:
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SIZE:	QUANTITY:
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OTHER PERTINENT INFORMATION:

DATE ACQUIRED:	LOCATION:
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VALUE:	APPRAISED VALUE (Over \$5,000.):	ESTIMATED LIFE:
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APPRAISAL INFORMATION: (Copy of Certified Appraisal must be attached for items with a value of \$5,000. or more)

NAME OF APPRAISER:	TELEPHONE:
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APPRAISAL COMPANY:

CITY:	STATE:	ZIP CODE:
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Signatures:	Date	Signatures:	Date
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_____	_____	_____	_____
1. DEPARTMENT HEAD		4. DEAN (If Applies)	

_____	_____	_____	_____
2. AVP FOR DEVELOPMENT		5. UNIVERSITY DIRECTOR OF MATERIALS MANAGEMENT	

_____	_____	IF YOU NEED ASSISTANCE COMPLETING THIS FORM, PLEASE CALL 679-1952
3. HOSPITAL DIRECTOR (If Applies)		

FURTHER INSTRUCTIONS

1. Include a copy of any relevant documents.
2. Item(s) become Institutional property and will not be available for transfer outside UCHC.
3. Please make a copy for your file and forward additional copies of the completed IC-1 to the UConn Foundation and Purchasing Insurance Administrator.