



Office of Logistics Management (OLM)

Inventory Control IC-1 Form

RECORD OF GIFTS AND DONATIONS TO UCONN HEALTH

Mail, Fax or PDF the entire package to: MC 2012 Fax: 679-1993		REFERENCE # G	
DEPARTMENT:			
NAME:		TITLE:	
BUILDING:	FLOOR:	ROOM #:	TELEPHONE: FAX:
MAIL CODE:		EMAIL:	
ACQUIRED FROM:	DONOR:	TELEPHONE:	
INSTITUTION/COMPANY:			
ADDRESS:			
CITY:		STATE:	ZIP CODE:
COMPLETE THE FOLLOWING INFORMATION FOR GIFT/DONATION:			
DESCRIPTION:			
MAKE:		MODEL:	
SERIAL NUMBER:		COLOR:	
SIZE:		QUANTITY:	
OTHER PERTINENT INFORMATION:			
DATE ACQUIRED:		LOCATION:	
VALUE:	APPRAISED VALUE (Over \$5,000.):		ESTIMATED LIFE:
APPRAISAL INFORMATION: (Copy of Certified Appraisal must be attached for items with a value of \$5,000. or more)			
NAME OF APPRAISER:			TELEPHONE:
APPRAISAL COMPANY:			
CITY:		STATE:	ZIP CODE:
Signatures:		Date	Signatures:
Date		Date	
1. DEPARTMENT HEAD		_____	4. DEAN (If Applies)
Printed Name - Mandatory		_____	Printed Name - Mandatory
2. AVP FOR DEVELOPMENT		_____	MSCM Office Use Only: Transaction Validation
Printed Name - Mandatory		_____	UNIVERSITY DIRECTOR OF LOGISTICS MANAGEMENT
3. HOSPITAL CEO (If Applies)		_____	Printed Name - Mandatory
Printed Name - Mandatory		_____	IF YOU NEED ASSISTANCE COMPLETING THIS FORM, PLEASE CALL 679-1952
FURTHER INSTRUCTIONS			
<ol style="list-style-type: none"> 1. Your Signature acknowledges that you are in compliance with all State of Connecticut & UConn Health Policies and Procedures regarding gifts. 2. Include a copy of any relevant documents. 3. Item(s) become Institutional property and will not be available for transfer outside UCH. 4. Please make a copy for your file and forward additional copies of the completed IC-1 to the UConn Foundation and Property Insurance Administrator. 			