



Office of Logistics Management (OLM)

OFFICE OF LOGISTICS MANAGEMENT

Inventory Control IC-1A Form

RECORD OF GIFTS AND DONATIONS OF ART TO UCONN HEALTH CENTER

| | | | |
|---|----------------------------------|---|--|
| 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: | | | |
| TITLE OF ART WORK: | | | |
| MEDIUM: | | | |
| SIZE (H x W): | | | |
| NAME OF ARTIST: | | | |
| WEB ADDRESS: | | EMAIL: | |
| SERIES?: Yes: <input type="checkbox"/> No: <input type="checkbox"/> | IF YES: # FROM: | | NUMBER TO: |
| FIRST TIME DONOR: Yes: <input type="checkbox"/> No: <input type="checkbox"/> | DATE ART CREATED: | | SIGNATURE LOCATION: |
| OTHER PERTINENT INFORMATION (Special Instructions): | | | |
| Consent to use art donation for official UCH use: <input type="checkbox"/> Yes: <input type="checkbox"/> No: | | ART TYPE: Fine Art: <input type="checkbox"/> Decorative Art: <input type="checkbox"/> | |
| DATE ACQUIRED: | | LOCATION (to be displayed): | |
| VALUE: | APPRAISED VALUE (Over \$5,000.): | ASSET NUMBER(S): | |
| 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: |
| 1. DONOR/ARTIST | | | 4. DEVELOPMENT AVP |
| 2. UCH ART CURATOR | | | 5. UCH PROPERTY/ASSET SUPERVISOR |
| 3. DEPARTMENT HEAD | | | 6. UNIVERSITY DIRECTOR OF LOGISTICS MANAGEMENT |
| FURTHER INSTRUCTIONS | | | |
| 1. Include a copy of any relevant documents. 2. If you need any assistance completing this form, please call 679-3381 or 679-1952. 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-1A to the UConn Foundation and Property/Asset Insurance Administrator. | | | |