In-Kind Donation Solicitation Approval Form

Requestor Name	
Department/Unit	
Date	
Proposed Donor/Company Name	
Donor Contact Information	
Description of Goods/Services Requested	
Fatimated Value (C)	
Estimated Value (\$)	
Purpose/Intended Use of Donation	
•	
Method of Solicitation	_
Additional Information/Comments	
Supervisor Approval (Signature)	

Date		