

Gift in Kind - Goods received (Final)

Form Preview

Gift in Kind - Good Received

* indicates a required field

Criteria

- A donation that will be located and used within the health service on a permanent basis
- Register to be filled out GCHF staff

Donor Contact Details

Name of Donor *

Name of Recipient *

Donation Details

Description of Donation *

eg: Coffee Machine

Estimated Value of Item *

Must be a dollar amount.

Location

Unit / Department Name *

Location *

B5 North staff kitchenette

Authorisation and Acceptance

Download the Acceptance form from Director / NUM [here](#)

Upload of Acceptance form from Director / NUM *

Attach a file:

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