

# 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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