

Non Medical Equipment – Gift in Kind

Endorsement / Acceptance form

Please print

Item Name: _____

Estimated Value: \$ _____

Department: _____

Location: *(eg: B5 North staff kitchenette)*

Received by – Name: _____

Received by – Signature: _____

Date:

I accept the above item into the above Department and agree that all servicing / replacement of consumables (if applicable) are the responsibility of the receiving department.

I accept that it's the responsibility of the receiving Department to contact BGIS for all tag and testing for electrical items.

Director / NUM Name: _____

Director / NUM Signature: _____

Date: