Marion County School District Capital Asset Management Donation Verification Form

Donor Name:	School/Department Name:	
Donor Address:	Donor Tolophono#:	
	Donor Telephone#:	

PLEASE LIST BELOW THE ITEMS TO BE DONATED TO THE DISTRICT: Please identify and quantify per list each component of items donated.

ASSET DESCRIPTION	MAKE	MODEL	SERIAL NUMBER	ESTIMATED FMV
		-		