

DONATION INVOICE

Status: Tax-Exempt Diagnostic Equipment Donation

Invoice #: _____

Date: _____

DONOR INFORMATION

Name/Organization: _____

Address: _____

Phone: _____

Tax ID (if applicable): _____

RECIPIENT HOSPITAL

Facility Name: _____

Department: _____

Address: _____

Contact: _____

Equipment Description (Model/Serial #)	Condition	Qty	Estimated Value
TOTAL APPRAISED VALUE:			\$

Terms and Acknowledgments:

1. The equipment listed above is donated as-is for diagnostic and medical purposes.
2. The recipient confirms no goods or services were provided in exchange for this contribution.
3. Documentation of maintenance history and safety certifications are attached where applicable.

Donor Signature

Hospital Representative Signature