

# DONATION INVOICE

Medical Clinic Furniture

DATE  
INVOICE #

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**DONOR INFORMATION**  
**RECIPIENT CLINIC**

Furniture Description & Condition	Qty	Est. Value (Unit)	Total Value
<b>Total Appraised Value</b>			

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**Notes:**

The undersigned recipient acknowledges receipt of the items listed above in the described condition.

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**AUTHORIZED DONOR SIGNATURE**  
**CLINIC REPRESENTATIVE SIGNATURE**

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