

DONATION INVOICE

Radiology Equipment Acknowledgement

Date: _____

Invoice #: _____

DONOR INFORMATION

Institution: _____

Contact: _____

Address: _____

Phone/Email: _____

RECIPIENT INFORMATION

Organization: _____

Contact: _____

Address: _____

Tax ID (if applicable): _____

| Equipment Description (Make/Model) | Serial Number | Condition | Estimated FMV |
|---------------------------------------|------------------|-----------|------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| Subtotal: \$ | | | _____ |
| Total Value: \$ | | | _____ |

CERTIFICATIONS & ACKNOWLEDGEMENT

The donor certifies that the equipment listed above is transferred as a charitable contribution. The recipient acknowledges receipt of the items in the condition described and confirms that no goods or services were provided in exchange for this donation.

Donor Signature

Recipient Signature