

EQUIPMENT DONATION INVOICE

Invoice #: _____

Date: _____

Donor Organization

[Street Address]

[City, State, Zip]

[Tax ID/EIN]

Recipient Information: [Veterinary Clinic/Non-Profit Name]

[Contact Name]

[Street Address]

[City, State, Zip]

Donation Purpose: [] Charitable Relief

[] Educational Support

[] Disaster Response

[] Other: _____

Equipment Description (Model/Serial #)	Condition	Qty	Est. Fair Market Value
Total Estimated Value:			\$

Notes: All equipment is donated "as-is" without warranty unless otherwise specified. The donor has not provided any goods or services in exchange for this contribution.

Donor Authorized Signature

Recipient Authorized Signature