

All staff/faculty need to complete this form when offered a donation to NLC to determine if gift will be accepted.

Description of Item: _____

Program: _____

Donor: _____

Requesting Charitable Tax Receipt: Yes No

Estimated Value: _____

If clicked yes, and value over \$1,000, a third party evaluation will be needed.

Description of gift and use in course/program/department.

Staff/Faculty Signature: _____

Send to Supervisor.

Supervisor Review:

- | | | |
|-----------------------------|--------------------|--------------------|
| • Installation requirements | • Maintenance | • Relevance |
| • Need | • Program Matching | • Impact on Budget |

Review Completed: Yes No

Approved and sent to Senior Executive Denied (ensure reasons why included above)

Supervisor Signature: _____

Submit to Senior Executive.

Additional Comments

Approved: Yes No

Senior Executive Signature: _____

Submit to Finance Manager and Executive Director of Foundation.