## **CONNECTICUT MILITARY DEPARTMENT**



#### INSTRUCTIONS FOR REPORT OF DONATED PROPERTY

**PURPOSE:** To maintain positive control of all state issued capital and controllable assets.

**AUTHORITY:** Chapter 4, paragraph 2 of the State of Connecticut Property Control Manual, Paragraph 27 of Statement 34 of the Governmental Accounting Standards Board and, Chapters 3 & 10 of CTMD General Order 2018-3.

**INSTRUCTIONS:** All items and property that meet the standards listed in the State of Connecticut Property Control Manual that are donated to the Connecticut Military Department and its subordinate organizations must be recorded on this form. Such items and property include, but are not limited to:

- 1. Capital Assets
- 2. Works of art, historical treasures, and similar assets
- 3. Personal property that meets the capitalization threshold

DONOR: Provide the name and contact information of the individual or organization donating the item

## ITEM TO BE DONATED:

Name of Item: Provide a "short name" of the item being donated.

Description of the Item: Be as descriptive as possible regarding the donated item to include, size, color, shape, distinguishing characteristics and condition.

Make, Model & Serial Number: If applicable, provide the manufacturer's make, model and serial number.

Value: Provide the estimated value of the item. If an appraisal is available, attach it to this document.

RECEIVER INFORMATION: Provide the unit and point of contact information as well as an answer to the questions listed.

APPROVAL AUTHORITY: The Approval Authority for donated items is The Adjutant General. The Adjutant General may delegate such authority in writing via an appointment memo.

CTMD PROPERTY OFFICER: The CTMD Property Officer will assign a state tag number if appropriate.

#### SEND THIS FORM & SUPPORTING DOCUMENTATION TO:

Connecticut Military Department State Property Officer 360 Broad Street Room #223 Hartford, Connecticut, 06105-3706 (860) 548-3247 (fax)

# CONNECTICUT MILITARY DEPARTMENT REPORT OF DONATED PROPERTY



DONOR:				
Name:	Phone Number:	E-Ma	il	
Address:	City:	State	: Zip-Co	ode
	3,			
ITEM TO BE DONATED:				
Name of Item:				
Traine of Rom.				
Description of Item: (Include photo if pos	ssible)			
Make:	Model:		Serial Number:	
Value: (provide appraisal if available)				
value. (provide appraisar ii available)				
RECEIVER INFORMATION:				
Unit:		Location:		
Unit Point of Contact:	Phone Number:		E-Mail:	
Office of Contact.	THORE NUMBER.		L-IVIAII.	
What purpose or value added does the donated item serve?				
Where will the item be displayed/stored	<u> </u>			
where will the item be displayed/stored				
How will the item be safeguarded or pro	tected?			
ADDROVAL AUTHORITY				
APPROVAL AUTHORITY: Printed Name:	Signature:			Date:
i ilited Name.	Oignature.			Date.
CTMD PROPERTY OFFICER:				
State Tag Number:	Signature:			Date: