

DONATION REQUEST FORM

STATE OF NEVADA

DEPARTMENT OF CORRECTIONS
OFFICE OF THE DIRECTOR

TO: _____
Deputy Director

DATE:

FROM: _____

SUBJECT: Request to Accept Donated Items

Name of Person Donating: _____

Check if: Person Association Name: _____

I _____ request to donate the following
items to: _____.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

ESTIMATED TOTAL DOLLAR VALUE: _____

Comments: _____

Signature _____ Date _____

APPROVED DISAPPROVED

Warden / Division Head Signature Date

APPROVED DISAPPROVED

Deputy Director Signature (required only if over \$5,000) Date

Original: Chief of Fiscal Services
cc: Institutional Warden, Requesting Donor