

Product Donation Form

Value over \$5,000

Instructions: Complete donation information below and send to Purchasing department. Vendor may donate laboratory consumables for evaluation purposes only.

IMPORTANT: Product value over \$5K must receive prior approval from UI Purchasing

Date:	
Donor Name:	Department Contact:
Donor phone or email:	Department phone or email:
Donation:	
Donation Value:	
This donation is approved on the condition and with the understa	anding that the equipment/materials will be used by University of Iowa
to	
Describe where and how the equipment/materials will be u	used. Not be used to provide free samples/equipment/supplies to patients.
Conflict of Interest Policy	
The Board of Regents and the lowa Code policies govern business between employees and vendors.	s transactions involving conflict of interest situation and relationships
Does any Officer, Director, Owner, or Partner in the donor compar	ny have a relationship with the University of Iowa? Yes \(\cap \text{No} \)
If yes, please state the NAME and RELATIONSHIP to the individua	
No quid pro quo is expected or promised as a result of this do supplied to the University as a result of this donation shall be thro	nation. The Parties agree that any equipment/materials purchased and bugh standard competitive purchasing processes.
	, The Iowa State Board of Regents and The University of Iowa, for any
	ns of the donor, their representatives, officers, agents, employees of ufacture or workmanship of any supply, material, mechanism or other
product supplied by the donor to The University of Iowa.	,
Donor Signature:	Date:
University of Iowa Approvals	
отпольну от польши преточань	
Department Approval:	Date:
UI Purchasing Approval:	Date: