





**AMERICAN UNIVERSITY OF BEIRUT MEDICAL CENTER**  
**SUPPLY CHAIN OFFICE**  
**IN-KIND DONATION OF AUB PROPERTY**

**D. Add Pictures to the form to Confirm Assets (Taken by the owner department or Helpdesk).**

**Please give a brief explanation for donating AUB Property:**

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<b>E. Review:</b>	Date	Authorized Signature and Seal
<b><u>Technical Department</u></b> ➤ <b><i>IT Helpdesk reviews machines date, fitness and:</i></b> a) <b>Deletes All Date</b> b) <b>Confirm For:</b> <ol style="list-style-type: none"> <li>i. <b>AUB Use</b></li> <li>ii. <b>Donation for other Use</b></li> <li>iii. <b>Scrap-Not Usable</b></li> </ol>		
<b><u>Plant Engineering OR Medical Engineering</u></b>		

<b>F. Approval:</b>	Date	Authorized Signature and Seal
<b><u>Supply Chain Office</u></b>		

<b>G. Approval:</b>	Date	Authorized Signature and Seal
<b><u>CMO</u></b>		



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<b>H. Reviewed:</b>	Date	Authorized Signature and Seal
<i><b>Internal Audit</b></i>		

<b>I. Donation Receipt</b>	<i>To be Completed by the donation recipient or his delegate</i>		
<b>Name:</b>		<b>Title:</b>	
<b>Signature:</b> _____		<b>Date:</b>	
I/We have received the items contributed, listed above in full. (Section C of this form)			
<b>SCO Representative(s):</b> _____	<b>Date and Signature(s):</b> _____		

**Distribution of copies**

- Original            Supply Chain Office
- Second Copy    Internal Audit Office
- Third Copy        Departme