



**Purchasing, Accounts Payable, & Travel**

202 Plaza Centre One (PCO)  
Iowa City, IA 52242  
319/335-0115 F: 319/335-2443

# Product Donation Form

## Value Not to Exceed \$5,000

**Instructions:** Complete donation information below and leave form with donation at the department.  
Vendor may donate laboratory consumables for evaluation purposes only.

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 understanding that the equipment/materials will be used by University of Iowa to \_\_\_\_\_

Describe where and how the equipment/materials will be used. Not be used to provide free samples/equipment/supplies to patients.

### Conflict of Interest Policy

The Board of Regents and the Iowa Code policies govern business transactions involving conflict of interest situation and relationships between employees and vendors.

Does any Officer, Director, Owner, or Partner in the donor company have a relationship with the University of Iowa?  Yes  No

If yes, please state the NAME and RELATIONSHIP to the individual:

**No quid pro quo is expected or promised as a result of this donation.** The Parties agree that any equipment/materials purchased and supplied to the University as a result of this donation shall be through standard competitive purchasing processes.

The donor agrees to identify and hold harmless The State of Iowa, The Iowa State Board of Regents and The University of Iowa, for any and all damages or loss resulting from any and all acts or omissions of the donor, their representatives, officers, agents, employees of donor or any third party, or any defects in design, materials, manufacture or workmanship of any supply, material, mechanism or other product supplied by the donor to The University of Iowa.

Donor Signature: \_\_\_\_\_

Date: \_\_\_\_\_