

DONOR						
Name						
Address		City		State		Zip
Phone			E-Mail			
CONDITION						
Excellent	Good	Fair	Poor	Needs Work		
Actions Taken						
Rationale for Acquisition						
Mode of Acquisition						
Donated	Exchange	Transfer	Purchase	\$		
Other						
APPRAISAL						
Yes	No	Appraisal Value		\$		
Insurance Value	\$	Date Effective				
Appraisal Reference						
PERMANENT STORAGE LOCATION						
Stack	Shelf	Drawer	Box	Offsite		
Restrictions						
None	Yes	Explain				
Reference for Identification						
Accompanying Materials						
Related Subject Headings						
PAST PERFECT CATALOG						
Entered into Database	Yes	No	Explain			
Catalog Date			Cataloged By			