ALL SUB LOGS MUST BE APPROVED PRIOR TO SCHEDULING

COLLECTION LOG

WHO COLLECTED THIS MATERIAL:

ORGANIZATION		*ADDRESS*	
CONTACT NAME		*CITY, ST ZIP*	
		PHONE NUMBER	

*****ALL INFORMATION IS REQUIRED FOR PROPER APPROVAL*****

DATE DONATED:	NAME OF PERSON/BUSINESS RECEIVED FROM (IF BUSINESS - CONTACT NAME REQUIRED AS WELL)	PHYSICAL ADDRESS NO PO BOXES	PHONE NUMBER	CRT (TUBE STYLE OR REAR PROJECTION) (NUMBER OF UNITS FROM THIS LOCATION)	FLATSCREEN, LCD OR LED (NUMBER OF UNITS FROM THIS LOCATION)