



COVID-19 Supply Donation Receipt

We are humbled by the generosity of all who have inquired about donating medical supplies to support our staff and patients during the COVID-19 pandemic. In order to recognize your donation, we kindly request that you provide the following information.

DONATION DATE: _____

Donated by:

Name _____

Company _____

Email Address _____

Phone Number _____

UF Departments Only

Donation Lending

Please email: Covid-19Supplies@shands.ufl.edu to schedule pick up or delivery.

Line	Item Number	Quantity	Unit of Measure	Lot #, if applicable	Product Description
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

Received by: _____ Date: _____