I, [print your name] __________________________ have purchased the following items(s) as a professional business expense through the University of Wisconsin Medical Foundation - Department of Medicine.

Description of item: __________________________________________________________

__________________________________________ Cost: ____________________________

Description of item: __________________________________________________________

__________________________________________ Cost: ____________________________

Description of item: __________________________________________________________

__________________________________________ Cost: ____________________________

I acknowledge that the above items(s) are now the property of the University of Wisconsin.

__________________________________________ (authorizing signature) ____________ (date)

UW donation form 6-Jan-11