

Disaster Relief Resource Accountability Tracking Form

Warehouse to Distribution Center

To be completed by Supply Warehouse Worker

Today's Date:

Supply Organization Name:

Type of Organization:

Church

Non-Profit

For-Profit

Warehouse Location:

Description of Goods:

To be completed by Warehouse Supervisor

Estimated Value of Goods: Under \$500 \$501-\$1,000 \$1,001-\$5,000 \$5,001+

Vehicle Color:

Vehicle Make, Model and Year:

Vehicle License/Tag:

Trailer Type

Open

Closed

N/A

Trailer License/Tag:

Must be completed by the Supply Worker viewing the Driver's/Distributor's State-Issued Driver's License

Driver/Distributor Name:

State-Issued License Number:

State of Issue:

Driver/Distributor Date of Birth:

Driver/Distributor Address:

I, the undersigned Warehouse Supervisor, release the aforementioned goods to the Driver/Distributor believing in good faith that the aforementioned Driver/Distributor will abide by authorized instructions for release of donated goods. In the event I have reason to believe otherwise, I will contact the appropriate authorities for investigations. I acknowledge that an electronic signature is legally binding.

Name of Authorizing Warehouse Supervisor

Name of Witness, Warehouse Worker

Signature of Authorizing Warehouse

Signature of Witness, Warehouse Worker

Supervisor Date of Signature

Date of Signature

I, the undersigned, verify receipt of the above listed goods and acknowledge they are to be distributed to disaster victims. I will not resell the items or keep them for myself. If the authorized recipient(s) is unable or unwilling to receive them, I will contact the donation distributor co-signing this document and s/he will direct me to an alternate location for drop-off. If the initial and/or alternate intended recipient is unable or unwilling to receive them and there is not an(other) alternate recipient, I will return the donated goods to the location of origin designated on this form. If it is unwilling or unable to accept receipt of these goods, then within 72 hours I will drop them off at a 501(c)3 that specializes in disaster relief or a church or homeless shelter local to the disaster. I acknowledge that failing to follow these steps could result in criminal prosecution for disaster fraud, theft, or other criminal acts and be prosecutable to the full extent of the law. I acknowledge that an electronic signature is legally binding.

Donation Recipient Name

Name of Witness, Warehouse Worker

Donation Recipient Signature

Signature of Witness, Warehouse Worker

Date of Signature

Date of Signature

Text or email this completed form (either picture of handwritten or an electronic version) to the following:

- 1) WAREHOUSE SUPERVISOR/AUDITOR
- 2) DRIVER RECEIVING GOODS
- 3) INTENDED RECIPIENT



This and other resources available at www.FireKeepersInternational.org/Resources
"Preparing for & Helping Folks through Hard Times"
Disaster Fraud Hotline: 866-720-5721 - www.justice.gov/DisasterComplaintForm

