

ALVORD UNIFIED SCHOOL DISTRICT

Gift/Donation Form

Agenda Item No.: _____

Please type or print the following information.

SCHOOL/DEPARTMENT: _____

I. DONOR'S STATEMENT: (Please describe gift/donation in detail.)

a. DESCRIPTION OF GIFT/DONATION:

1. Estimated value or cost: \$_____ CASH? YES NO

2. Will item be purchased through District Purchasing Department? YES NO

3. If used equipment, is it in working condition? YES NO N/A

4. Will donor pay for the installation costs, if any? YES NO N/A

If no, please explain:

b. DONOR'S NAME: _____

ADDRESS: _____

Please read Board Policy 3290 below prior to signing form.

➤ _____
Signature of Donor Date Signature of Principal/Administrator Date
Signature Not Available Received Donation in Mail:

II. RECOMMENDATION:

Estimated installation cost (if applicable): _____

Estimated maintenance costs (if applicable): _____

III. VERIFIED BY FISCAL SERVICES: YES _____
Name Date

IV. DISTRICT OFFICIAL APPROVAL:
Approved: Not Approved:

➤ _____
District Official Approving Donation Date

Board Policy No 3290:
All gifts, grants and bequests shall become District property. Donors are encouraged to donate all gifts to the District rather than to a particular school. At the Superintendent or designee's discretion, a gift may be used at a particular school.

V. Board Meeting Date: _____ Approved: Rejected:

Routing:

- Business Services for recommendation
- Superintendent's Office for placement on agenda.