

GIFT

Please place on the agenda for Board approval the following gift(s):

Manufacturer: _____ Model #: _____ Serial #: _____

Estimated Cost/Value: _____

Condition of Item: _____ NEW USED

To: _____
(School / Department)

To be used for:

Important: Please Complete

Donor: _____

Address: _____

Zip Code: _____ Telephone: _____

Signatures Required

APPROVED: _____ Date: _____
(Principal/Department Head)

APPROVED: _____ Date: _____
(Sr. Executive Director Administrative Services)

APPROVED: _____ Date: _____
(Deputy Superintendent / CBO)

***IF GIFT IS NOT APPROVED, STATEMENT OF DISAPPROVAL IS TO BE SENT TO
PREVIOUS LEVEL.**