

## REQUEST FOR APPROVAL OF GIFTS/DONATIONS

To: \_\_\_\_\_, Business Manager      Date \_\_\_\_\_  
School \_\_\_\_\_      Tally Sheet # \_\_\_\_\_

The Board of Education meets the 3rd Monday of month. Requests for approval must be in by Wednesday of the week prior to the board meeting.

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Amount of gift/donation: \_\_\_\_\_ Type gift/donation: \_\_\_\_\_

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Specific purpose of gift/donation:

\_\_\_\_\_

Donor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Credit to account: \_\_\_\_\_

Date: \_\_\_\_\_

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