

Information Sheet for Donated Supplies/Equipment/Cash or Check

		Referred To:	(Cabinet Member)
Name of Donor:			
Street:			
City/State/Zip:			
Please check one:	SuppliesEquipmer	ntCash	n/Check
Description of item(s) t	to be donated:		
Estimated Value: \$		_	
Rejected:	Date:	Refusal Letter Sent:	
Reason for Rejection:			(copy attached)
Accepted:	Date:	Letter Sent:	(copy attached)
Stipulations:			
Instructional Use:			
Value less than \$500:	District Superintendent Approval: _		Date:
Value \$500 or more:	Board of Education Approval:		Date:
C: District Superinter Assistant Superint	ndent endent for Administration		