



REQUEST TO ACCEPT GIFT
(Please reproduce on yellow paper)

PLEASE NOTE: This request must be approved by the Board of Education **PRIOR** to the acceptance of the gift.

INSTRUCTIONS: Please fill in **ALL** information requested and send 1 copy to Fiscal Services.

School/Dept: _____ Date: _____

Donor (Name of Person/Organization donating the gift): _____

Donor's Address: _____

GIFT DATA - PLEASE FILL IN ALL REQUESTED INFORMATION					
CASH GIFT RECEIVED					
___ Exempted of Equity Fund Contribution					
___ Subject to 15% of Equity Fund Contribution					
Account # 01 - 90121-0-00000-00000-8699-090-0000					\$ _____
Account #: 01- 90120-0-00000-00000-8699-___ -0000 [Fund - Resource - Year - Goal - Function - Object - Site -Manager]					\$ _____
GIFT FUNDS TO BE USED AS FOLLOWS:					
1. Account # <u>01- 90120 -0-</u> _____ - _____ - _____ - _____ [Fund - Resource - Year - Goal - Function - Object - Site - Manager]					
2. Account # <u>01- 90120 -0-</u> _____ - _____ - _____ - _____ [Fund - Resource - Year - Goal - Function - Object - Site - Manager]					
3. Account # <u>01- 90120 -0-</u> _____ - _____ - _____ - _____ [Fund - Resource - Year - Goal - Function - Object - Site - Manager]					
NON-CASH GIFTS					
Brief description of items donated: Where will item be used?					
Owners Estimate of Cash Value: \$	New	Used	Model #	Serial #	Make:

ACCEPTANCE REQUESTED BY: _____

Signature of Principal

Date Presented to Board of Education (Board Meeting Date): _____