

TRAVIS UNIFIED SCHOOL DISTRICT
REQUEST FOR ACCEPTANCE OF DONATIONS

TO: Board of Trustees

Date: _____

From: _____

Name

School/Department

Name of Donor _____ **Telephone# ()** _____

Address: _____

Number & Street

City

State

Zip Code

The purpose of the donation? _____

() **Cash** \$ _____

() **In-Kind Donation (other than cash)** **Value Estimated by Donor** \$ _____

Specify: _____

() **Brand New** () **Used**

I have examined the item(s) which have been offered by the above-named donor and have established that the donation(s) will be useful in our program and will not incur additional cost to the District.

Signed _____ **Date:** _____
Principal/Coordinator M.O./Technology Mgr.

For Office Use Only

(If Cash, indicate account number)

Account # _____ **= \$** _____

Account # _____ **= \$** _____

Approved by Board on: _____

Posted By _____ **Date Posted** _____