

Panama-Buena Vista Union School District
REQUEST TO ACCEPT DONATION

Site/Dept: _____

Date: _____

Instructions: Complete entire form, including signature and date; Submit completed digital form to Assistant Superintendent, Business Services; Attach letter from donor if available.

Designated Purpose: _____

Permission is requested to accept the following **CASH** donation: \$ _____

Permission is requested to accept the following donated item(s):

Qty	Item Description (Brand/Model/Type)	Serial #	Est. \$ Value	Warehouse Use
				PROPERTY #

Donated by:

Name/Company: _____

Address: _____ City, State, Zip: _____

Contact Person: _____ Phone # _____

Requested By: _____
Principal/Administrator

Date: _____

District Office Use Only

Board Approval Date: _____