



MORGAN HILL UNIFIED SCHOOL DISTRICT

FISCAL SERVICES

DONATION RESOLUTION REQUEST FORM

Pony To: Director Fiscal Services

Site: _____

District Office

Date: _____

Please initiate requirements for a School Board Resolution to accept the donation of the following item(s):

Donation Received From	
Name:	Address:
Email:	
Amount/Value: \$	
Budget Code:	
<input type="checkbox"/> Cash	
<input type="checkbox"/> Check # _____	
<input type="checkbox"/> Asset (Please describe): _____	
Donation is for:	

Accounting Only Below This Area

ACCOUNTING SCAN/COPY CHECK BELOW

