## **AKRON PUBLIC SCHOOLS**

## **NON-CASH DONATIONS**

ALL non-cash donations must be approved by the Board of Education at a regularly-scheduled Board Meeting in accordance with Board Policy 7230. As with Board reports and recommendations, donations should be submitted through your respective executive director or division head. In the case of equipment and other items which will be added to your inventory, approval is also required by the Executive Director of Business Affairs.

| Please fill                       | this form out as comple  | tely as possible and forwa         | ard as appropriate. |          |
|-----------------------------------|--------------------------|------------------------------------|---------------------|----------|
| Submitted                         | Ву:                      |                                    | Date:               |          |
| Donated To                        | 0:                       |                                    |                     | (School) |
| Donor Nan                         | me:                      |                                    |                     |          |
| Donor Add                         | lress:                   |                                    |                     |          |
|                                   |                          |                                    |                     |          |
| Non-Cast                          | h (see below)            |                                    |                     |          |
| Quantity                          | Description              | Serial Number                      | Model Number        | *Value   |
|                                   |                          |                                    |                     |          |
|                                   |                          |                                    |                     |          |
|                                   |                          |                                    |                     |          |
| *Value mu                         | st be assigned by the do | onor and designated as est         | imated or actual.   |          |
| Intended us                       | se (if equipment, includ | le location or room #):            |                     |          |
|                                   |                          | ,<br>                              |                     |          |
|                                   |                          |                                    |                     |          |
|                                   |                          |                                    |                     |          |
| Approved 1                        | By: Principal/Superv     | icar                               | <br>Date            |          |
| FO                                |                          | ISOI<br>F <b>IVE DIRECTOR ELEM</b> |                     | ARY ED   |
| A 1:                              | D                        |                                    |                     |          |
| Approved By: Executive Director ( |                          | or (Elementary/Secondary           | Ed) Date            |          |
| If equipme                        | nt or inventory item:    | (                                  |                     |          |
| Approved 1                        | Bv:                      |                                    |                     |          |
| rr s.sw                           |                          | or, Business Affairs               | Date                |          |