MOORPARK UNIFIED SCHOOL DISTRICT

Donor Approval/Request Form

Donations will not be accepted prior to approval

DONOR INFORMATION: (Individual- Company/Organization)

Name: _____ **Phone:** _____

Company/Organization Making Donation: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

DONATIONS OF TECHNOLOGY EQUIPMENT MUST BE APPROVED BY DIRECTOR OF TECHNOLOGY.

Description of Donation:

A. Equipment: (List each piece individually)

Product Description (Include Brand Name)	Model Number	Serial Number	Cost/Value

Received by (Please Print Name) _____ Location: _____ Director of Technology Approval _____

B. Supplies:

Description	Quantity	Value (per each)	Extended Value

C. Liquid Assets:

Cash $ _____ **Check $** _____ **Check #** _____

Site Expense Account:

	-		-		-		-	

DONATION ACCEPTED BY:

Site/Program: _____ **To be used for:** _____

Principal/Supervisor: _____ **Date:** _____

Print Name: _____

Director Signature: _____ **Date:** _____

Assistant Superintendent Signature: _____ **Date:** _____

Board Meeting Approval Date: _____