

**BEDFORD CITY SCHOOLS**

***Donation Approval Form***

**Direction:** Part I is to be completed by the chairman of the organization or the person desiring to donate to the Bedford City Schools. Upon receiving the requested approvals, the donation will be presented to the Board of Education for acceptance.

**PART I – PRE-APPROVAL**

This part is to be completed by the person proposing a donation prior to making the donation.

Donor's name:

Date:

Contact person:

Phone:

Address:

Proposed service or item(s) to be donated:

Approximate value:

Size and/or weight or item:

Education or program use:

School, program, or course where donation will be used:

Will the donation require operational expense: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain:

(OVER)

Will the donation require special equipment delivery or operation?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**PART II**

Is the donation in Part I recommended to the Bedford Board of Education

For approval? \_\_\_\_\_ Yes \_\_\_\_\_ No

With modification \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list:

Principal/Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Superintendent's Approval/Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(To be sent to the Treasurer for placement on the board agenda.)

**PART III**

Board of Education approval: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
(Date)

Donor notified: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
(Date)

Date the letter of appreciation sent: \_\_\_\_\_

Treasurer's signature: \_\_\_\_\_

Cc: Principal/Supervisor  
Assistant Superintendent/Business Manager  
Superintendent of Schools