



UPPER LAKE UNIFIED SCHOOL DISTRICT

675 Clover Valley Rd., Upper Lake, CA 95458
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DONATION REQUEST FORM

PROGRAM INFORMATION		DATE OF FORM SUBMITTAL:
Program Name:	Requestor Phone:	
Potential Donor:	Potential Donor Phone:	
City, State, Zip:	Date of Request:	
Requested By:	Type of Supplies (Books, Software, Etc.):	
Specific Use of Donation:		

QUANTITY	DESCRIPTION OF ITEM(S) BEING REQUESTED	UNIT PRICE	TOTAL
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Please fill out completely and legibly

For Site and District Use Only		Total from Back:	\$
Faculty Member Making Request:		Shipping:	\$
Authorized by Site Principal:		Sub-Total:	\$
Authorized by Business Office (Over \$2,500.00 or Capital Project):		Sales Tax:	\$
		TOTAL:	\$

Board Acceptance Date:	Donor Signature:
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LOCAL CONTROL AND ACCOUNTABILITY PLAN ACTIONS AND GOALS – RELATABILITY (CHECK ALL THAT APPLY) - REQUIRED

☐ Goal 1: Increase achievement to prepare our students to be positive and productive citizens in their community, society, and world.	☐ Goal 2: Professional learning opportunities for all staff to support areas of growth as identified by data and the ever-changing educational landscape.	☐ Goal 3: Provide a safe, positive and productive learning and working environment.
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☐ Action 1
 ☐ Action 2
 ☐ Action 3
 ☐ Action 4
 ☐ Action 5
 ☐ Action 6
 ☐ Action 7
 ☐ Action 8
 ☐ Action 9
 ☐ Action 10

Narrative:
