



Business Services
Phone: 209-830-3230 Fax: 209-830-3269
csousa@tusd.net

Donation Form

(Board Policy/Administrative Regulation: BP3280, AR3280.1, approved 8/04)

Date: _____ Submitted By: _____

From: (Donor individual or group) Must include mailing address.

To: Tracy Unified School District Board of Trustees
Subject: Donation to the Tracy Unified School District

School: _____ Donation to ASB? YES ☐ NO ☐

Please accept the donation(s) as described below. The value is: \$ _____
(Documentation of ownership for all equipment, supplies, and/or non-cash or money items must be attached)

Description of Items and/or how the donation will be utilized: _____

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For TUSD Site/Department Use only: *All computer related purchases/donations must be reviewed and approved by ISET prior to submitting to Business Services.* Occasionally, it may become necessary to dispose of a donated item when it is no longer functioning and cannot be repaired. If disposal becomes necessary and the equipment/supplies have been designated as hazardous material, the site/department must budget funds. Therefore, please indicate below the account number to be charged for this purpose:

Account #: _____ Program name: _____

Site Administrators Signature: _____ Date: _____

ISET (Director) Signature: _____ Date: _____