SOUTH SAN FRANCISCO UNIFIED SCHOOL DISTRICT

REQUEST FOR ACCEPTANCE OF DONATIONS

TO: BOARD OF TRUSTEES DATE:_____

FROM (SCHOOL/DEPT.):_____

If individual, NAME OF DONOR:_____

If business, NAME OF COMPANY:_____

NAME OF COMPANY REPRESENTATIVE (**REQUIRED**):_____

ADDRESS:_____
NUMBER AND STREET

_____
CITY, STATE, ZIP CODE

_____
TELEPHONE NUMBER – INCLUDING AREA CODE

MONETARY DONATION in the amount of $_____ for the purpose of _____

_____

will be deposited in the ☐_____ fund or ☐_____ school ASB fund.

A **BUDGETARY INCREASE** is requested as follows:

INCOME - Fund - Resource -0- Yr - Goal - Function -8699- Object - School - Mgmt $_____

INCOME - Fund - Resource -0- Yr - Goal - Function -8699- Object - School - Mgmt $_____

INCOME - Fund - Resource -0- Yr - Goal - Function -8699- Object - School - Mgmt $_____

TOTAL INCOME:_____

VALUE ESTIMATED BY DONOR:_____

NON-MONETARY DONATION (other than cash) as follows:_____

_____

I have examined the item(s) which have been offered by the above-named donor and have established that the donation(s) will be useful in our program and will not incur additional cost to the district.

Signed_____ _____
PRINCIPAL/DISTRICT ADMINISTRATOR DATE

ACCEPTANCE BY THE BOARD IS REQUIRED:

_____ _____
ASSISTANT SUPERINTENDENT – BUSINESS SERVICES DATE

FOR ACCOUNTING USE ONLY:

TO BOARD_____ APPROVED_____ POSTED_____ BY_____

Please make a copy for your records **prior** to forwarding to Business Services