

**REQUEST FOR APPROVAL OF GIFTS/DONATIONS**

(submit in duplicate)



To: Leticia McCullough, Treasurer's Office

Date \_\_\_\_\_ School \_\_\_\_\_

Tally Sheet # \_\_\_\_\_

The Board of Education meets the 3rd Monday of month. Requests for approval must be in by Wednesday of the week prior to the board meeting.

Amount of gift/donation: \_\_\_\_\_ Type gift/donation: \_\_\_\_\_

Specific purpose of gift/donation: \_\_\_\_\_

Donor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Credit to account: \_\_\_\_\_

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

Revised 8/14

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