

Issaquah School District Request for Acceptance of Gifts*Please see Regulation 6114 and Procedures 6114P on Gifts and Memorials for procedure to donate gifts***Gifts Under \$5000 in Value**

Receiving School/Program: _____

Name of Donor(s) _____

Mailing Address _____

City _____

State _____ Zip _____

Phone _____

GIFT:☐ Money \$ _____ for use by _____ program.☐ Money \$ _____ for Equipment/Material*(Gifts for the purchase of Material/Equipment must include cost of installation by licensed Contractor or agreement by Maintenance Department to provide installation)*

Other donated items _____

General Fund 10 - E - 530 - 7901 - _____ - _____ - _____ - 0000 - 1

ASB Fund 40 - R - 960 - _____ - 00 - 0000 - _____ - 0000 - 0

Please describe the purpose of the gift if accepted:

APPROVAL(S) for accepting gift:**Principal/Program Manager Approval:** _____ **Date:** _____*(Required for all donations)***Athletic Director Approval:** _____ **Date:** _____*(Required for all ASB 2000 series donations)***Technology Approval:** _____ **Date:** _____*(Required for all donations of computers, printers and software to comply with District standards- submit itemized list)***Capital Projects Approval:** _____ **Date:** _____*(Required for all donations that require installation and/or maintenance of material/equipment on District property)***District Operations Approval:** _____ **Date:** _____*(Required for all donations that require installation/maintenance of material/equipment, or impact operations on District property)***For Gifts Under \$5000, acknowledgment needs to be sent from the building/program receiving the gift.****Please send copy of gift form and receipt to the Business Office****Business Office Use Only:**

Budget # _____ Accepted by _____ Date _____