

## **Donation / Gift Request**

## **Per District Administrative Guidelines, Section 3.15:**

Donations under \$499.99 must be approved by Principal or Department Head Donations between \$500.00 and \$4,999.99 must be approved by the Superintendent Donations above \$5,000.00 must be approved by the Board of Trustees

Principal/Department Head	School/Department
	·
Name of Donor (if an organiz	ation, include name of representative)
Mailing Address	City State Zip Code
Maining Addition	State Zip Code
Description of Donation/Git	it Value *
* check this box if this is a non-cash	donation that has an individual value of
	d to the district's fixed asset inventory
	or our school/department. The donor understands that this
	se Creek CISD and will be under the jurisdiction of the
school/department in accordance with board policy and	a administrative guidennes.
Additio	nal Remarks
raditio	nai Kemarko
D 4 C 1	E 14 - 4 G 1
Revenue Account Code	Expenditure Account Code
Approved Denied Authoriz	ed Approver's Signature Date
Truckion 12	Just 5 5.5.