GIFT/CAPITAL ASSET APPROVAL FORM

uctions:	

Complete all sections except the "CENTRAL OFFICE USE ONLY" and submit to the Property Management Department.

The Property Management Department will forward this form to appropriate departments as necessary for further evaluation and notify you if acceptance has been granted for item(s) to be added as district property.

CAMPUS/DEPT	_DATE
DONOR NAME:	_PHONE:
EMAIL ADDRESS:	

PURPOSE OF GIFT/PURCHASE______

CHOOSE ONE:

____ MERCHANDISE DONATION (please complete the box below with item information)

MONETARY DONATION (deposited in a GIFT ACCOUNT set up by Budgetary Services) NOTE: If the source of the monetary donation is school activity funds, the purchase must reflect the guidelines adopted by the Board (CMA & CFD)

Indicate Stipulations here, if any:_

QTY	ITEM NAME/DESCRIPTION	NEW/USED	MODEL #	SERIAL #	UNIT COST	TOTAL AMOUNT

Donor agrees that this gift becomes the possession of the District for use and disposition as deemed most appropriate:

_____Granted

Denied

Donating Official's Signature______Date_____Date_____

Campus/Department Signature	Date

NOTE: All items to be purchased by the District MUST be processed by the Purchasing Department.							
Items to be bid will be held until like items are submitted for bid.							
CENTRAL OFFICE USE ONLYNOT FOR CAMPUS/DEPARTMENT USE							
	Approved	Disapproved	Date:				
	Approved	Disapproved	Date:				
	Approved	Disapproved	Date:				
Property Management Department:	Approved	Disapproved	Date:				
Budgetary Services/ Budget Code Assigned:							
Comments:							