

TULOSO-MIDWAY INDEPENDENT SCHOOL DISTRICT
GIFT FROM THE PUBLIC DONATION FORM

Campus / Department _____ Date of Report _____

Administrator _____

Gift / Donation

Description of item: _____ Value \$ _____

Purpose of item

Explain purpose:

Instructional Administrative Extracurricular Other

Criteria for Acceptance

To be considered for acceptance, the gifts or bequests shall:

- Have a purpose consistent with District purposes.
- Place no restrictions on the school program.
- Not require the endorsement of a business product.
- Not conflict with policies or actions of the Board or public law.
- Not require extensive District expense

Criteria met: **Yes** **No**

Gift Received by _____ Date Received _____

Follow-up Action / Approval, if applicable

Technology Department: Yes No N/A Administrator _____

Curriculum Department: Yes No N/A Administrator _____

Business Office: Yes No N/A Administrator _____

Budget Code Assigned _____ Date _____

Fixed Asset Assigned _____ Date _____

Acknowledgement Notice sent on _____

Board of Trustee notification _____