

Sealy Independent School District

Donation/Gift Request

TO: Sealy ISD Board of Trustees

From: _____
Principal/Department Head

Name of Donor (if organization, include name of president)

Mailing Address City Zip Code

Description of Donation Gift Value

Description of Donation Gift	Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Permission is requested to accept this donation/gift for our school/department. The donor understands that this donation/gift will become property of the Sealy Independent School District and will be under jurisdiction of the school/department in accordance with Board policy and administrative rules and regulations. Approved donations/gifts should be added to fixed assets inventory of applicable.

REMARKS:

Revenue Account Code _____

Expenditure Account Code _____

Approved

Disapproved

Executive Director for Business Administration Services

Form #101

Originated 9/2006