

Tyler Independent School District Gift and Donation Report

All proposed donations to the District must be reviewed by the Superintendent prior to formal acceptance.

School _____ Date _____

Signature of Principal/Dept. Head/Director _____

Mr., Mrs., Ms. (circle one) Donor Name _____	Mr., Mrs., Ms. (circle one) Contact Person _____
Address _____	
Phone _____	
Estimated Value of Donation: _____	
Description of Donation: (Please include serial numbers if available and location of equipment)	
Are there restrictions on the donation? ___Yes ___No	
If yes, attach a signed statement from the donor or describe and provide donor signature below:	
Did the donor receive any goods or services in return for the donation? ___Yes ___No	
If yes, describe the goods or services, including an estimated value.	
<i>All donations to TISD shall be considered property of the District with the exclusive and complete rights of ownership, usage, and control vested in the Board. Items that TISD is unable to use will be returned to the donor or disposed of as appropriate.</i>	

Office Use	
Acceptance approved:	
Date _____	
Donations under \$5,000	Superintendent _____
Donations \$5,000 and above	President, Board of Trustees _____

Complete this form and hand deliver to Katherine Ford, TISD Financial Services.

Accounting Information:	
Month _____	Journal Entry # _____
Account _____	Amount _____
Account _____	Amount _____