

SAN DIEGO UNIFIED SCHOOL DISTRICT
REQUEST FOR ACCEPTANCE OF GIFT

INSTRUCTIONS: Send one copy to Financial Accounting Department

I. **SCHOOL** _____ **DATE** _____

II. **DONOR** A. Name _____

B. Address _____

III. **GIFT** A. General description _____

B. Make _____ Model _____ Serial No. _____

C. Condition: New _____ Used _____

D. Fair market value (Est.) \$ _____

E. Purpose of Gift _____

F. Has/will gift been/be purchased through SDUSD Procurement Services Unit
YES _____ NO _____ If yes, please reference requisition/P.O.number _____

IV. **INSTALLATION AND OPERATION** (If answer to A is Yes, answer B, C, and D)

A. Will gift require installation? Yes _____ No _____

B. What type of installation is required? _____

C. Will donor pay installation cost? Yes _____ No _____

D. Will there be operating costs? Yes _____ No _____

If yes, what type? _____

V. **ACCEPTANCE REQUEST BY:** _____

(Signature of Principal/Site Administrator)

FINANCIAL ACCOUNTING DEPARTMENT

Approve—including maintenance Disapproved

Approve—NOT including maintenance or replacement Reason(s) _____

Non-standard equipment _____

Standard/above allocation _____

Used equipment _____

Supply item/not equipment _____

By: _____

Date: _____