

GIFT PROPOSAL REQUEST

DATE _____

SCHOOL OR DEPARTMENT _____

DONOR _____

ADDRESS _____ ACTUAL VALUE OF GIFT \$ _____

(Note: The estimated actual value is for inventory purposes only and is not for IRS value)

SECTION A: (To Be Completed By School/Department)

DESCRIPTION OF GIFT: (To include Make, Model and Serial No.)	Purchase Price	_____
	Freight	_____
	Tax	_____
	Installation	_____
	Total Cost	_____

Instructional Use: Yes _____ No _____

Where will it be located: Bldg. _____ Room _____

Please complete the following:

	Yes	No
1. Is the gift already an approved item of equipment?	___	___
2. Will the gift be delivered by the donor?	___	___
3. Does the gift require building or ground space?	___	___
4. Does the gift require installation?	___	___
5. Will the gift eventually need to be replaced at School District expense?	___	___
6. If the gift is to be purchased, do you want it to be purchased by the School District for the donor? If so, Requisition No. _____ is attached.	___	___
7. Are District matching funds required for the purchase and/or installation of the gift?	___	___

Signature of Principal or Department Head

SECTION B: (To be completed by District Office)

Director - Purchasing Department Director - Facilities & Operations

1. What is the estimated cost of installation? \$ _____	Yes	No
2. Will additional labor or equipment be required for maintenance and operation?	___	___
3. What is the total estimated value of this gift? \$ _____		

REMARKS: _____

Recommendation:

Approval Disapprove _____ Date _____
Director - Facilities & Operations

Approval Disapprove _____ Date _____
Director - Purchasing Department

Send 3 copies to the Director of Purchasing
Originator maintain goldenrod copy

MADERA UNIFIED SCHOOL DISTRICT