

## 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 _____	
<b>Estimated Value of Donation:</b> _____	
<b>Description of Donation:</b> (Please include serial numbers if available and location of equipment)	
<b>Are there restrictions on the donation?</b> ___ Yes ___ No	
<b>If yes, attach a signed statement from the donor or describe and provide donor signature below:</b>	
<b>Did the donor receive any goods or services in return for the donation?</b> ___ Yes ___ No	
<b>If yes, describe the goods or services, including an estimated value.</b>	
<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	
<b>Acceptance approved:</b>	
Date _____	
Donations under \$5,000	Superintendent _____
Donations \$5,000 and above	President, Board of Trustees _____

Complete this form and hand deliver to Lezlie Boyd, TISD Financial Services.

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