



ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT
Odessa, Texas

TO: Chief Financial Officer

FOR: Recommendation to Accept Donation/Gift

FROM: _____ / _____
Principal OR Director
_____ / _____
School OR Department

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

Mailing address City State Zip Code

has offered a donation or gift in the following category: Donation/Gift (describe below)

Description of Donation/Gift	Value*	Purpose of Donation
	\$	
	\$	
	\$	

*Values assigned for donation of equipment or services is for internal reporting purposes only. This value may not be used as an appraisal value for IRS purposes.

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

REMARKS: _____

() Approval () Disapproval _____ Date
PRINCIPAL / DIRECTOR

() Approval () Disapproval _____ Date
DIRECTOR OF DEVELOPMENT

() Approval () Disapproval _____ Date
CHIEF FINANCIAL OFFICER
(The following approval required for a single donation/gift of \$10,000 or more)

() Approval () Disapproval _____ Date
SUPERINTENDENT OF SCHOOLS