MARBLE FALLS INDEPENDENT SCHOOL DISTRICT
Marble Falls, Texas

TO: Executive Director of Finance

FOR: Recommendation to Accept Donation/Gift

FROM: _____
Administrator

_____
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 Marble Falls 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 _____
ADMINISTRATOR Date

( ) Approval ( ) Disapproval _____
EXECUTIVE DIRECTOR OF FINANCE Date

( ) Approval ( ) Disapproval _____
SUPERINTENDENT OF SCHOOLS Date

The following approval required for a single donation of $5,000 or more:

( ) Approval ( ) Disapproval _____
PRESIDENT, BOARD OF TRUSTEES Date