GOOSE CREEK CISD DONATION/GIFT REQUEST

Donations exceeding \$499.99 must be approved by the Superintendent. (AG 3.15) Donations exceeding \$4,999.99 must be approved by the Board of Trustees. (AG 3.15)

TO:	Goose Creek CISD Board of Trustees/Superintendent		
FROM			
	Principal/Department Head School/Department		
Name o	f Donor (if organiz	zation, include name of represer	ntative)
Mailing	Address	City	Zip Code
Description of Donation/Gift			Value
understa will be and adn	ands that this done under the jurisdic ninistrative rules a sets inventory if ap	ation/gift will become the proption of the school/department in	r school/department. The donor erty of Goose Creek CISD and n accordance with Board policy nations/gifts should be added to
	e Account Code _	ode	
App	proval	Disappro	oval
Superin	tendent		Date
Please o	check if individua	l value of donated non-cash it	ems exceeds \$5,000