

TEMPE UNION HIGH SCHOOL DISTRICT

DATE: _____

ITEM: Gifts and Donations

Donor/Individual:	
Donor/Company:	
Address:	
Description:	
Serial Number:	<i>(only needed if item value is greater than \$300)</i>
Model Number:	
Approximate Value:	
Supportive Cost Requirements: (installation, maintenance, operating costs, etc.) <i>Please describe</i>	
Describe how this donation will benefit the school:	

The gift/donation will be used at:

THS	MHS	MDN	CDS	MTP	DVH	CHS	District Wide
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Signature of School Employee Accepting: _____ / _____
Printed Name

Signature of Site Administrator: _____ / _____
Printed Name

Attach additional sheets if needed, as well as all original correspondence and documentation