PEORIA PUBLIC SCHOOLS, DISTRICT 150
REQUEST FOR AUTHORIZATION TO ACCEPT DONATIONS

School_________________________ Date________________________

1. Article to be donated______________________________________
   □ New       □ Used -- Model No.________________ Serial No.________
   Manufacturer______________________________________________
   Address__________________________________________________

2. Purpose of Donation________________________________________

3. Name of Donor_________________________ Company Name________________
   Address (including zip code)___________________________________

4. Value (excluding installation) $____________________
   Installation to be at □ Donor’s Expense or □ Board Expense.

5. □ Approved       □ Not Approved _____________________________ Principal’s Signature

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Forward original and two copies DIRECTLY to the CONTROLLER’S Office. Retain 4th copy for your files. The 3rd copy will be returned indicating approval or disapproval. The original and 2nd copy will be used by the Controller’s Office.
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Possible Routings (to be determined by Controller)

   □ Approved       □ Not Approved _____________________________ Date_____
   ____________ Director of Buildings and Grounds

   □ Approved       □ Not Approved _____________________________ Date_____
   ____________ Director of Technology/Library Media Services

   □ Approved       □ Not Approved _____________________________ Date_____
   ____________ Controller