

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

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.

Possible Routings (to be determined by Controller)

Director of Buildings and Grounds

Approved Not Approved _____ Date _____

Director of Technology/Library Media Services

Approved Not Approved _____ Date _____

Controller

Approved Not Approved _____ Date _____