



# ORCUTT UNION SCHOOL DISTRICT

## REQUEST FOR ACCEPTANCE OF GIFT

**SCHOOL:** \_\_\_\_\_ Date: \_\_\_\_\_

**DONOR:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No. \_\_\_\_\_

**GIFT:** Item Donated \_\_\_\_\_ or Cash Donation \$ \_\_\_\_\_  
(Fill in if money is donated)

Designated for: \_\_\_\_\_

General Description: \_\_\_\_\_

Model No.: \_\_\_\_\_ Condition:  New  Used

Value (estimated): \_\_\_\_\_

Purpose of Gift: \_\_\_\_\_

Will gift be purchased through Business Services Office?  Yes  No

Donor Conditions of Acceptance: \_\_\_\_\_

### INSTALLATION AND OPERATION (If answer to A is yes , answer B and C)

A. Will gift require installation?  Yes  No

B. What type of installation is required? \_\_\_\_\_

C. Will donor pay installation costs?  Yes  No

D. Will there be operating costs?  
If yes, what type?  Yes  No

Acceptance Requested By (OUSD Staff Member): \_\_\_\_\_

Acceptance Approved By (Administrator): \_\_\_\_\_

RECOMMENDATIONS: Principal or District Representative \_\_\_\_\_

BOARD ACTION: Date Accepted: \_\_\_\_\_ Date Denied: \_\_\_\_\_

**Please submit request to the Superintendent's Office.** (If denied, explanation is on reverse side of this form.)