



DONATION APPROVAL FORM

NAME OF DONOR: _____

ADDRESS OF DONOR: _____

TELEPHONE # OF DONOR: _____

DONATION DESCRIPTION: _____

ESTIMATED VALUE: _____

INTENDED PURPOSE: _____

ANY ADDITIONAL RELATED/RECURRING COSTS: _____

SCHOOL : _____

PRINCIPAL'S SIGNATURE:		DATE:
SUPERINTENDENT SIGNATURE:		DATE:

IF APPLICABLE - MAKE CHECK PAYABLE TO: Fort Lee Board of Education

(Please put intended use in Memo section of check.)

Business Office Use Only

Board Approval Date: _____ Resolution # _____

Include in Fixed Asset Inventory

Account Established for Monetary Donation: _____