

CAPISTRANO UNIFIED SCHOOL DISTRICT  
San Juan Capistrano, California

Date \_\_\_\_\_

TO: Philippa Geiger  
Assistant Superintendent, Fiscal Services

FROM: School/Department \_\_\_\_\_

SUBJECT: **DONATION OF FUNDS/EQUIPMENT**

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It is requested the following gift(s) be recommended for acceptance by the Board of Trustees:

A. Name of Donor: \_\_\_\_\_

Address of Donor: \_\_\_\_\_

B. **FUNDS** (attach check to this form)

Total Amount: \$\_\_\_\_\_ Check No., Organization, etc. \_\_\_\_\_

Funds to be applied as follows:

<u>Account Code</u>	<u>Amount</u>
01-0400-0-_____-_____-_____-_____-000-000-000	\$_____

Description/Purpose: \_\_\_\_\_

01-0400-0-_____-_____-_____-_____-000-000-000	\$_____
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Description/Purpose: \_\_\_\_\_

01-0400-0-_____-_____-_____-_____-000-000-000	\$_____
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Description/Purpose: \_\_\_\_\_

C. **EQUIPMENT**

Item: \_\_\_\_\_

Serial No. \_\_\_\_\_ Model No.: \_\_\_\_\_

Approximate Age: \_\_\_\_\_ Other Info: \_\_\_\_\_

\_\_\_\_\_  
Site Administrator

\_\_\_\_\_  
Assistant Superintendent, Fiscal Services