

CHICO UNIFIED SCHOOL DISTRICT
1163 East Seventh Street
Chico, California 95928
(530) 891-3001

DONATIONS TO SCHOOL/DISTRICT

Date: _____	
School/Department to Receive Donation: _____	
Donor(s):	
Name(s):	Address(s):
_____	_____
_____	_____
_____	_____
Item/Number:	Value/Estimated Value:
_____	_____
_____	_____
Donor's Requested Use of Donation:	
To Be Used for (Department, Class, etc.):	
<u>See Above</u>	

Receipt No. _____	

Donor's Signature _____	

1. If the item(s) requires maintenance, maintenance personnel have verified that maintenance services can be provided by the District.
YES _____ NO _____ N/A X
2. If playground equipment is being donated, maintenance personnel have verified that it meets safety standards.
YES _____ NO _____ N/A X
3. If equipment with a serial number is being donated, it has been sent to the warehouse to be added to inventory.
YES _____ NO _____ N/A X
4. School/District personnel have verified that said material will be utilized.
YES _____ NO _____ N/A X

School Site Principal/
District Administrator

Asst. Superintendent, E.S.S./
Director, Educational Support Services