

LOS ANGELES UNIFIED SCHOOL DISTRICT
Accounting and Disbursements Division

BUL-5895.1
February 10, 2016

ATTACHMENT A

REQUEST TO PROCESS A DONATION

School/Office: _____ Cost Center _____

Contact Person _____ Telephone _____

DONOR INFORMATION

Name of Individual/Group/Company _____ Telephone _____

Address _____

FORM OF DONATION: Check (Attach) Prefunded Card Materials/Equipment/Services

AMOUNT OF DONATION \$ _____ ACCOUNTING LINE _____

TYPE OF DONATION (Select one)

CASH w/general intent Please describe how this donation will be used:

CASH w/specific program intent Some donors stipulate that their donation is to be used only for a specific purpose or program. Please describe how this donation is to be used. A control sheet (such as in Attachment C) should be used to track expenditures.

MATERIALS, EQUIPMENT, COMPUTERS, ART WORK, LIBRARY BOOKS, OR SERVICES
(Complete this form only for those items or services with a value of more than \$5,000.) Be sure to list items whose value is \$500 or more on the annual inventory listing,

Description: _____

Value: _____ If applicable: Make/Model _____ Serial _____ Age _____

APPROVAL: Site Administrator _____ Date: _____

Please retain copies of all documentation, including letters from donors, related to the donation at the site as evidence that the donation has been spent in accordance with the donor's intent.

Local District/Central Office Use Only

Amount	Reviewed By	Signature	Date
Any	Fiscal Specialist	_____	_____
\$5,001 to \$15,000	Fiscal Services Mgr	_____	_____
\$15,001 to \$20,000	Deputy Controller	_____	_____
\$20,001 and above	Controller	_____	_____

Cash Receipts Unit: Signature _____ Date Check Deposited _____