

To: Allison Murray

Morgan Hill Unified School District

15600 Concord Circle, Morgan Hill, CA 95037

From/Site:_____

Phone: 408-201-6000 | Fax: 408-201-6006

Donation Resolution Request Form

Business Services	Date:
Please initiate requirements for a School Board Resolution to accept the donation of the following item(s):	
Asset Donation Received From:	Cash/Check Donation Received From:
Name:	Name:
Address:	Address:
Email:	Email:
\$ Value:	Amount:
Program Account Number:	Program Account Number:
Asset Description:	□ Cash
	□ Check #
Donation is for:	
Purchasing Only	Accounting Only
Inventory Tag Number:	Received:
Added to Asset Inventory:	