



GEORGETOWN INDEPENDENT SCHOOL DISTRICT

GIFTS, GRANTS, AND DONATIONS

Date: _____

Campus/Department: _____ Sponsor: _____

Amount: _____ Donor Name
and Address: _____

Type: Gift Grant Donation

Purpose: _____

Deposit Account Number: _____

Campus Activity

Student Activity

School Budget

Principal/Department Head Signature

Date

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Business Office Use Only

Recommended

Not Recommended

Date: _____ Initials: _____

Approved

Not approved

Chief Financial Officer Signature

Date

Note: Principal/Department Head completes the top section of the form and submits to the Business Office.