

**MILPITAS UNIFIED SCHOOL DISTRICT**  
**Gift/Donation Form**  
**For items valued at \$500 or more**

Please type or print the following information.

DATE: 11/29/2016

I. SCHOOL/DEPARTMENT Thomas Russell MS

A. DESCRIPTION OF GIFT/DONATION SVEF Field trip grant  
Grant #- TIG 16-17 FT 22

Serial Number: \_\_\_\_\_

1. Estimated current value: \$1500
2. Age of item donated: \_\_\_\_\_
3. Will item be purchased through the District Requisition Process? YES ☐ NO ☒
4. If used equipment, is it in working condition? YES ☐ NO ☐ N/A ☒  
Location/Room of equipment: \_\_\_\_\_  
Asset Tag # \_\_\_\_\_
5. Will donor pay the installation costs, if any? YES ☒ NO ☐ N/A ☐  
If no, please explain: \_\_\_\_\_

B. DONOR'S NAME: SVEF Bob Nicols - bob@svefoundation.org

ADDRESS: 1400 Parkmoor, San Jose, Ca 95112

**Board Policy No 3290:**

All gifts, grants, and bequests shall become District property. All gifts shall be given to the District as a whole and not to a particular school. At the discretion of the Superintendent, the gift may be used at a particular school. The District's discretionary power with the use of the gift shall not be impaired by any restriction or condition imposed by the donor.

**I have read and understand Board Policy 3290:**

unavailable

Signature of Donor

Date

(If donor signature is not available – please state reason)

[Signature]

Signature of Principal/Administrator

Date

12/1/16

**II. RECOMMENDATION BY BUSINESS SERVICES:**

Approved: [Signature]

Disapproved: \_\_\_\_\_

Estimated installation cost (if applicable): \_\_\_\_\_

Estimated maintenance cost (if applicable): \_\_\_\_\_

[Signature]  
Assistant Superintendent, Business Services

Date

12/13/16

**III. Any items valued at \$1,000 or more must go for board approval:**

Board Meeting Date: \_\_\_\_\_ Approved: ☐ Rejected: ☐

## MILPITAS UNIFIED SCHOOL DISTRICT

## Gift/Donation Form

For items valued at \$500 or more

Please type or print the following information.

DATE: 11/22/16

## I. SCHOOL/DEPARTMENT

MHS / Home Economics (fashion design)

## A. DESCRIPTION OF GIFT/DONATION

Approximately 500 yards cotton fabricSerial Number: —

1. Estimated current value: \$5923
2. Age of item donated: 0-1 year
3. Will item be purchased through the District Requisition Process? YES ☐ NO ☒
4. If used equipment, is it in working condition? YES ☐ NO ☐ N/A ☒  
Location/Room of equipment: \_\_\_\_\_  
Asset Tag # \_\_\_\_\_
5. Will donor pay the installation costs, if any? YES ☐ NO ☐ N/A ☒  
If no, please explain: \_\_\_\_\_

## B.

DONOR'S NAME: Margaret Hall River Place QuiltADDRESS: 1009 Witherell St. Clair Sew LLC  
MI 48079

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## I have read and understand Board Policy 3290:

Margaret Hall

Date

11/22/16

Signature of Principal/Administrator

12/13/16

Date

(If donor signature is not available – please state reason)

## II. RECOMMENDATION BY BUSINESS SERVICES:

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Estimated installation cost (if applicable): n/aEstimated maintenance cost (if applicable): n/a

Assistant Superintendent, Business Services

Date

## III. Any items valued at \$1,000 or more must go for board approval:

Board Meeting Date: \_\_\_\_\_ Approved: ☐ Rejected: ☐

Revised 7.19.10

# MILPITAS UNIFIED SCHOOL DISTRICT

## Gift/Donation Form

For items valued at \$500 or more

Please type or print the following information.

DATE: November 16, 2016

I. SCHOOL/DEPARTMENT Student Services/Special Education

A. DESCRIPTION OF GIFT/DONATION -- personal check for

Speech Language Pathologist expenses

Serial Number: \_\_\_\_\_

1. Estimated current value: \$3,000.00
2. Age of item donated: current
3. Will item be purchased through the District Requisition Process? YES ☐ NO ☒
4. If used equipment, is it in working condition? YES ☐ NO ☐ N/A ☒  
Location/Room of equipment: \_\_\_\_\_  
Asset Tag # \_\_\_\_\_
5. Will donor pay the installation costs, if any? YES ☐ NO ☐ N/A ☒  
If no, please explain: \_\_\_\_\_

B. DONOR'S NAME: Dugoni Family Trust / Marianne Dugoni

ADDRESS: 951 Bedford St., Fremont, CA 94539-4703

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**I have read and understand Board Policy 3290:**

check dropped at office 11-16-2016 C. L. Anderson 11/28/16  
Signature of Donor Date Signature of Principal/Administrator Date  
(If donor signature is not available – please state reason)

II. **RECOMMENDATION BY BUSINESS SERVICES:**

Approved: [Signature] Disapproved: \_\_\_\_\_

Estimated installation cost (if applicable): \_\_\_\_\_

Estimated maintenance cost (if applicable): \_\_\_\_\_

[Signature]  
Assistant Superintendent, Business Services

12/13/16  
Date

III. **Any items valued at \$1,000 or more must go for board approval:**

Board Meeting Date: \_\_\_\_\_ Approved: ☐ Rejected: ☐